6 7	1-	FOR STATE		STAT DEPARTMENT OF P DICAL EXAMIN	HEALTH	and the second second second	EDEATH	19	7 2	8
0	1. DE	REGISTRAR CEASED NAME FIRST	-	WIDDLE		LAST	20 DATE KNOW	G. NO.	DAY YEAR	Zh HOUR
( Carolina	(TYF	Howa	nd	Caulk	,	11	OF ESTI- DEATH MATE		17:000	
See State 1	3. SEX		S. DATE OF BIRTH	Caulk 6. AGE (IN YEA	RS IF UN	ILEN IDER 1 YR. TIF UNDER		MONTH H	17 19 82 DAY YEAR	2d HOUR
ONST		ale White	Sept.1	11/	S. MONTH	IS DAYS HOURS	PRONOUNCED DEAD	8	19 1982	1:30A
FCESS FOR AUTHIL 77 PRESTON	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W		MARRI	ED NEVER MARRI		_		
AND SO		aryland	U.S.A		WIDOW		ED XX Baltime	ore Cou	nty,	MD.
ST., BALTIMORE, MD. 21201  HOURS AFIER DEATH. IF ANY DELAY IS NECESS.  A 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL IS WITH FORM PM. 3. RETAIN PAGE 5 FOR MITH FAGES 1 AND 2 SHOULD BE FILED, WITHIN WE, DIVISION OF WITHIN PAGE 5.201 W. PRESTORE.	E	ITY OR TOWN OF DEATH	1415 Had	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) WICK Drive		er institution	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE Diesel Me	chani	OR INDUST	RY
21201 ANY C AND 3 RETAIN HOULD RECORI	13a S	AL RESIDENCE (IF IN NURSING HO) TATE  TATE  Baryland  Baryland	ME OR OTHER INSTITUTION, G UNITY Altimore	13c CITY OR TOWN		YES A NO	13. STREET ADDRESS 1415 Hadw	rick Dr	rive	
H. H. H. J. S.	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME		LAST	
ES S S C C C C C C C C C C C C C C C C C		Robert Jose	1110000			Florence	e Caulk		end!	
BALTIMORE, MD. S AFTER DEATH III GIVE PAGES 1, 2, ITH FORM PM. 3, PAGES 1 AND 2 S INISION OF WITH	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMANT	RP	#5 Box		
ALTI ALTI		YES (IF YES	ET NAM	21.6-48-5	51.7	Robert	J. Allen Ea	ston N	ld. 216	502
W. W. G. W. C. W.		18 CAUSE OF DEATH (Enter	only one couse per line	e far (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.		PARTI DEATH WAS CAU	SED BY: DIATE CAUSE (a)	Asphyx	a					
PRESTON ITHIN 24 P CIL IN ITA VER A LON ANSIT PER AL HYGIE REMOVA		9839		R AS A CONSEQUENCE O	)F			11-11		
PREV JER REV		Conditions, if any, wh		Ligatu	re st	rangulatio	n			
* SYNTERS		cause (a) stating the und		AS A CONSEQUENCE C						- 7,
EXA EXA ON,		lying couse lost.	(c)						MALE N	
RECORDS, 201 W. PRESTON ST., LD BE EXECUTED WITHIN 24 HOUF PENDING" IN PENCIL IN ITEM 18.  * MEDICAL EXAMINER ALONG W D AS A BURIAL-TRANSIT PERMIT. # FALTH AND MENTAL HYGIENE, D # CERMATION, OR REMOVAL.	NO.	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMI	NAL OISEASI	OR CONDITION GIVEN IN PAI	RT (   e).			
DIVISION OF VITAL RECORDS, 201 V NER: THIS CERTIFICATE SHOULD BE EXECUTED CATE, WRITING THE WORD, "PENDING," IN PROPERTING THE WORD," PEDDING," IN PROPERTING THE WORD TO THE CHIEF MEDICAL EXAMORS. SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND MEDICAL EXAMORS. 21201 PRIQR TO BURIAL, CREMATION, AND, 21201 PRIQR TO BURIAL, CREMATION,	MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH OPER.	ATION W	AS PERFORMED?			20 AUTOPSY YES XX	? NO 🗆
N N N N N N N N N N N N N N N N N N N	18	210 EXTERNAL CAUSE WAS				OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	1 17 1	
NO THE STANDARD OF THE STANDAR	1 ×	UNDERLYING SOR		A. MONTH DAY YEAR A. 8 17 19 82		rangled se	1 f			
DIVISION OF S. CERTIFICATE RITING THE WEDED TO THE SE 3 SHOULD BE E DEPARTMEN	S S	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	211 LO	CATION				
VRDI NE CONTRACTOR NE CONTRACT	2	WHILE NOT WHILE	STREET, FAC	tory, farm, etc.)	141	5 Hadwick	Dr. Essex		alto.	Md.
RW/ RW/ PA STA STA			1.0							FIG.
A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		22a   certify that I taak ch			Autop		, , , , ,	and in my op	rinion	
REC IRYL		death resulted from:	tufal causes	Askident b., Su	kide 🔲	, Hamicide	Undetermined manner	۸.		
A STORY		ACTUAL (	Univer	KINAKIX	-	TITLE (SPECIFY)	i extedical examiner	DATE	8/19	/82
SEA SEA		SIGNATURE	V	10 2000		весрату оп	MEDICAL EXAMINER	SIGNE	0,10	02
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR: PAFTER DEATH, WITH THE STAND, 2	-		homas D. S			ADDRESS		Balto.	, MD.	
OO FORFAR	230.B	URIAL, CREMATION, REMOVA		23c. NAME OF CEA			23d. LOCATION CITY OR TOWN	COU	NTY S	TATE
BP	01.5	Burial	Aug. 23	,1982 Spri	ng .	Hill	Easton	Talbo	Md	
DHMH - 17	14 F	UNERAL DIRECTOR	ADDRES	0 1+	m (	AUGE	3 1905 20	ACCIDITION L	entity.	
(VR A15 ME (5)) 20M 4/B2	4	tamoune.	Liona	n Mil	14	We IN				

102 . Dilling Director Colors Color Delical Laborator Colors Company of the same of the sam

3	FOR STATE		DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 2	19	7	29
	REGISTRAR			ICATE OF DEATH	REG. N			
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	John	J.	Allen		1.405	8 1	82	7;20pm.
3. SE		White	S. DATE (		6 AGE (IN YEARS LAST BIRT	MONT	_	HOURS MIN
70.0	Male  IRTHPLACE ISTATE OR FOREIGN 7	MITTLE		5 67	9 BALTIMORE CITY C	YRS P COUNTY OF	DEATH	
St. C. C.	COUNTRY)	. USA	MARRIE	D NEVER MARRIED	Baltimore	_	DEATH	
10 C	Staten Island N.		WIDOW	DR OTHER INSTITUTION	12a USUAL OCCUPATI		26 KIND OF	MD. F BUSINESS OR
70 c	Catonsville /	Little Sis	ters of th	e Poor	(TYPE OF WORK FOR MOST OF MACHINIST	F WORKING LIFE)	NDUSTRY	DOSINESS ON
33 N	STATE 13 OUT	TY I3c CITY	ence before admission) or town Itimore	13d Inside City Limits?	130 STREET ADDRESS	rty Hei	ghts	Ave.
14 F.		IDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDIF-		LAST	
X	John J.	Allen		Margaret			F1yn	ın
D	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y JNKNOWN	WAR OR DATES)	-10-5453	Sr. Doreen	601 Maider		Lane	
injury, ar other traumatic event,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	ONSEQUENCE OF					
ced or Item 18 shows any injur	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDIN G CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		NTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn (	COUNTY	STATE
	22a.1 certify that (1) (this haspite saw the deceased alive on above 1) the said (did not	0-1-87	19	nd that in (my) (our) apinion	death accurred an the d	ate and hour and	d fram the c	
ANT. #	PA PHYSICIAN'S NAME THE OR	mg	n	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	220. DATE S	5 GNED
MPORTANT:	Dr. George A	(49-78)		3350 WIIke	ens Ave.			
₹ 73a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	08-04-82		Cathedra1	Baltimor	e City		yland
76 24. F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR			_
	ubbard Funeral H			ns Ave. A	UG - 3 1982	Marie &	figures (	la I flan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

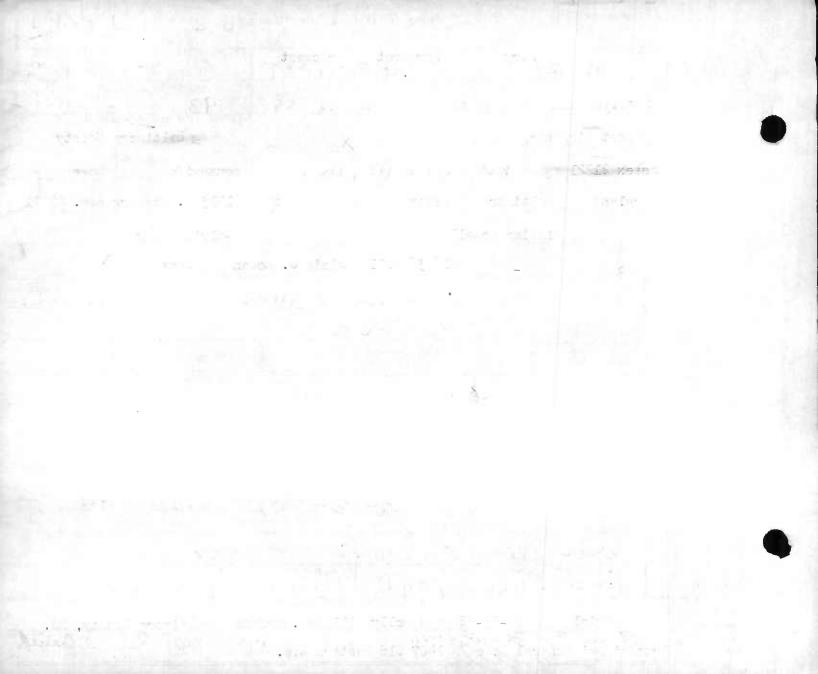
	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.	, ,	0 0
	EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Eugene	Delenor	/	ANDERSON	August 2	0, 198	32	5:24P
1. SEX	m	4 RACE	5. DATE (	4	6 AGE (IN YEARS LAST I	PRTHDAY)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 74 HRS
CC	THPLACE (STATE OR FOREIGN DUNTRY) W. VA.	16 CITIZEN OF WHAT COUNTRY		D NEVER MARRIED DIORCED	9 BALTIMORE CITY Baltimor	OR COUNTY		M
E	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT INJUCY FACILITY, GIVE STREE	ST ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OF
134.51	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV ESSE	WN	134 INSIDE CITY LIMITS? YES NO		ANG	LEY	RD
	Roy A	NPERSON		A MN	BURLIN ADD	IGAI	m = 1AS	51
160 W	AS DECEASED EVER IN U.S. AR S. DO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL SEC VIGWAR OR DAJES! 236 62	1214	JOHNN AN	PERSON	RESS	AI	30VE
J.	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (9), DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) History  CONDITIONS CONTRIBUTING TO	OF Th			VDITION GIV	, WERE FINDIN	NGS USED
2					YES NO X	YES	YING CAUSES	OF DEATH?
CAL	[] A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM IB P.	ART I OR PART 2)	
ž.	AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM ETC )	21f LOCATION STREET	CITY OR T	DWN	COUNTY	STATE
	sow the deceosed alive an abave, (1) (we) (did) (did no	tal) attended the deceased from Aug. 20, 19	82	and that in (my) (our) opinion (		date and hour	19 <u>8Z</u> , r and from the	that (I) (we) last couses stated
	Muhar / A. S			My ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	22c. DATE	SIGNED 0-12
2	Michael A. S			9000 Frankl	in Square [	r., 21	1237	Latif.
(SP	RIAL, CREMATION, REMOVAL BURIAL	8/24/82 H	NAME OF C	EMETERY OR CREMATORY HILL	23d LOCATION CITY OR TOWN BAL	70.	COUNTY	> STATE
24 FUN	VERAL DIRECTOR	LLY 300	mi	OPA' A	UG 25 1982	25b Resist	RAR'S SIGNAT	Comies

MACE

CONNELLY

DHMH+16 50M 1/81 (VRA 15, 4)

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-	1. DEC	EASED NAME	FIRST	MEI	MIDDLE	MEK.2 C	AST AST	20. DATE		MONTH	DAY Y	AR 21	HOUR
E .	{TYPE	OR PRINT)	Andr	re	Jon	F	Arnold	OF	MATED	8	26 19	82	M
	3. SEX	Male N	White	Dec. 1	YEAR LAST BIRTH	YEARS IF UNITED AND AND AND AND AND AND AND AND AND AN		24 HRS. 2c. DATE MIN PRONOUN DEAD	√CED	нтиом	26 19		3:55
	FOR	THPLACE (STATE O	R	TO CITIZEN OF WE	HAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARR	EDNAM	Baltim				PM MD.
0	1	ddle Rive		( IF NOT IN SUCH FA	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Geneca Park	5)	R INSTITUTION	FOR MOST OF WOR Student		OF WORK	or IND Scho	USTRY	NESS
35	USUA 130 SJ	RESIDENCE (IF IN I ATE aryland	Baltir		VE RESIDENCE BEFORE ADMIS 130 CITY OR TOWN Middle Ri		13d INSIDE CITY LIMITS? YES NOON	13e. STREET ADDRE	ss eneca F	Park		212	20
0	I4 FA	THER'S NAME FIRST ST	tephen A	A. Arnold	CAST		15 MOTHER'S MAIDE FIRST Debo	M	hews		LAST		
1	16a. W	AS DECEASED EVE	R IN U.S. ARME	ED FORCES? AR OR DATES)	166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS				
/		O OR UNKNOWN)	-		NONE		Deborah Ar	nold, Mot	her	Same			
OVAL.	7	18 CAUSE OF DE. PART I DEATH	WAS CAUSED I	CAUSE (o) Ad	verse Reac		o Flurocar	rbon Inhal	Lation		BETWEEN	MATE INI	TERVAL ND DEATH
CALLES ON NEWLYALL	7	Conditions, if gave rise to cause (a) statilying couse la	any, which immediate under-	BY: Ad CAUSE (o) Ad DUE TO, OR (b) DUE TO, OR (c)	verse Reac	E OF			lation		APPROX BETWEEN	mate ini	TERVAL ND DEATH
7	FICATION	Conditions, if gave rise to cause (a) statilying couse la	any, which immediate ag the under-	CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  INTRIBUTING TO DEATH	verse Reac as a consequence as a consequence	E OF  RMINAL DISEASE	OR COMOITION GIVEN IN PA		Lation		20 AUTO	PSY?	ND DEATH
7.3	ICAL CERTIFICATION	PART I DE ATH  Conditions, if gove rise to cause (a) stoti lying couse la:  PART 2 OTHER SIGNIFIC  19a. DATE OF OPE  21a. EXTERNAL CA UNDERLYING CONTRIBUTING	ANT CONDITIONS CO	CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  INTRIBUTING TO DEATH  19b. CONDIT	Verse Reac  AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TEL  TION FOR WHICH OPE  TINJURY  MONTH DAY  YE  26/19	E OF  RMINAL DISEASE  ERATION WA  21c HO AB 21c HO in	OR COMMITION GIVEN IN PA AS PERFORMED? W INJURY OCCURRE Thaled gas	RT 1 (0).  D LENTER NATURE OF IN.	JURY IN ITEM 18 PAI		20 AUTO	PSY?	FERVAL AD DEATH
3	CAL	Conditions, if gove rise to cause (a) stotilying couse la:  PART 2 OTHER SIGNIFIC  19a. DATE OF OPE  210. EXTERNAL CA  UNDERLYING	ANT CONDITIONS CO	BY: Ad CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)  INTRIBUTING TO BEATH  19b. CONDIT  21b. TIME OF HOUR A.M.  21e. PLACE C	Verse Reac  AS A CONSEQUENCE  AS A CONSEQUENCE  BUT HOT RELATED TO THE TEL  TON FOR WHICH OPE  TIMILET  TON FOR WHICH OPE  TIMILET  TON TON THE TEL  TON THE TEL  TON TON THE TEL  TON THE TE	E OF  RMINAL DISEASE  ERATION WA  21c HO  AR  21c HO  ST	OR COMMITION GIVEN IN PA AS PERFORMED? W INJURY OCCURRE Thaled gas	D LENTER NATURE OF IN from inf	JURY IN ITEM 18 PAI Lated r	aft	20 AUTO	PSAS	ND DEATH
TIMORE MAN 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	PART I DEATH  Conditions, if gove rise to cause (a) stoti lying couse lo:  PART 2 OTHER SIGNIFIC  19a. DATE OF OPE  21a. EXTERNAL CA UNDERLYING CONTRIBUTING 21d INJURY OCCU WHILE AT WORK AT	WAS CAUSED IN COMMEDIATE only, which immediate ing the underst.  ANT (ONOITIONS COMMENT ON THE UNIT ON	CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)  INTRIBUTING TO DEATH  19b. CONDIT  21b. TIME OF HOUR A.M  21e. PLACEC STREET, FACT home  of the remains des	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT HOT RELATED TO THE TEL  TON FOR WHICH OPE  TINJURY  MONTH DAY  YE  OPY, FARM, ETC.)  Cribed obove, held an	E OF  RMINAL DISEASE  ERATION WA  21c HO  AB 21c HO  21l LOC  1 r  21l LOC  Autops: Suicide ,	OR CONDITION GIVEN IN PA	D LENTER NATURE OF IN.  from infl  ark Rd.  Inquiry  Undetermined mo	DURY IN ITEM 18 PAI Lated r WN B and 	aft alto	20 AUTO YES	PSAS	NO DEATH

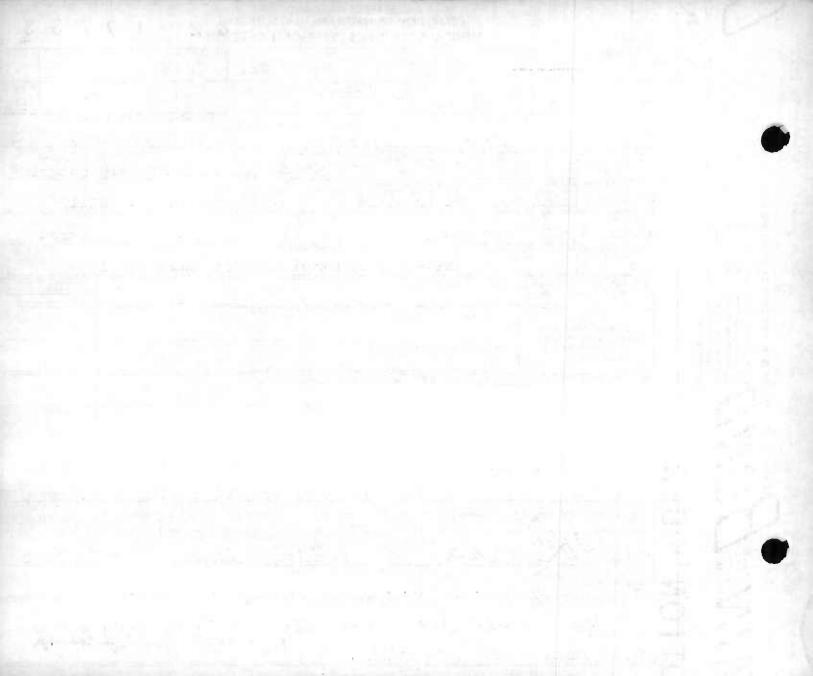
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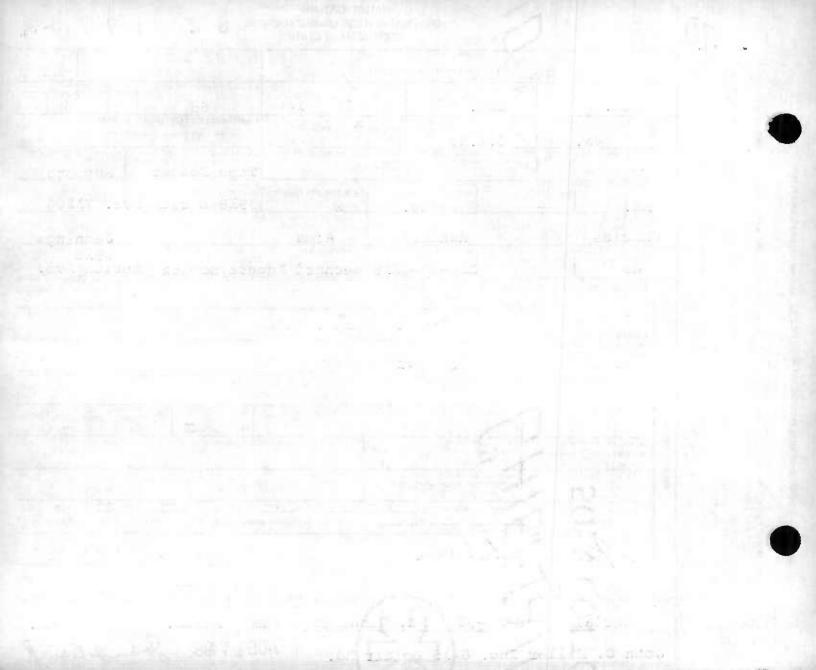
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Rudolf DECEASED NAME KHOWN K (TYPE OR PRINT) OF Kjel1 - Rudolpin -Aronsen Jr. 13 DEATH MATED 19 82 4. RACE AGÉ (IN YEARS IF UNDER 1 YR. 24 HOUR SEX IF UNDER 24 HRS DATE 25 LAST BIRTHDAY DIREC RONOUNCED White 49 Male 19 82 2:154 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED [ DIVORCED FILED, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE)

Electrician Manufacturing GreenspringAveSouth of Highview Owings Mills 3. RETAIN PA USUAL RESIDENCE HE IN NURSING HOME OR OTHER INS 13d INSIDE CITY LIMITS? 9 Wengat BALTIMORE, MD. 21201 Baltimore Owings Mills Maryland Wengate Rd. 21117 NO X 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME TER DEATH. PAGES 1, FORM PM MIDDLE LAST Rudolf T. PAGES 1 AND DIVISION OF VIII Ethel Kiell Aronsen Sr. Towson R. 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION I PRIOR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) 216-52-9089 Ethel Aronsen Same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (6) Multiple injuries Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXECUTE THE CERTIFICATE, WINDED TO THE EXECUTE THE CERTIFICATE, WINDED TO PUREAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEFATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARYLAND, 21201 PRIOR TO BURILL OF THE PAGE 1 YES . NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING 8/13/19 82 CONTRIBUTING CAUSE OF DEATH driver in auto/auto collision 711 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE roadway GreenspringAve, Owings Mills, Balto.County, MD AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Accident XX Homicide \_\_\_\_ death resulted fram Suicide .... Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 8/13/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street Balto . MD 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 8/16/82 Burial Loudon Park Cem. Baltimore. RP City.Mary] 24 FUNERAL DIRECTOR **DHMH - 17** MacNabb Funeral Home Catonsville, MD (VR A15 ME (5))

20M 4/82





2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

		REGISTRAR			CERTIF	FICATE OF DEATH	REG, NO	<b>5</b> .		
		CEASED NAME FIRST E OR PRINT) ANNA		MIDDLE	AUMII	LER		st 29,		26 HOUR 11:00 A
	3. SE	x female	4 RACE White		S. DATE O	DF BIRTH 1906	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? A.	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimor	_		MD
0	T	ITY OR TOWN OF DEATH	bulan	ey Towson	Nurs	or other institution sing Center	USUAL OCCUPATION OF WORK FOR MOST O			Haven L
3	130 5	AL RESIDENCE (IF NURSING HON- STATE laryland		134. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES MO	13e STREELADDRESS	Raven	Blvd	Apt. 2
0	14 FA	ATHER'S NAME FIRST	WIDDLE	Bender		Marie	WIDDIE		LAS	ST .
P		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SECU 217-01-15			17 INFORMANT Raymond G. Au	miller 64 D		. Sum	mit, N.J
	No	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) S DUE 10: 0	A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	Hedney to	mor Types	UKNOWN	2m	y conthe
2	CERTIFICATION	190 DATE OF OPERATION July 1982	196. CONDITION FOR WHICH OPERATION Exploradory L			e parotoney	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO			
-	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  27a. I certify that (I) (this has sow the deceased alive above, (I) (was) (did) (did) 27b. SIGNATURE	P. PLACE (AT HOME STI	A.M. 19  OF INJURY  TREET, FACTORY, OFFICE, FARM, ETC.)  Per deceosed from July 21, 19 72  And that in (my) (own) opinion dea			on death occurred on the date and haur and from the couse 22c. DATE SIGN			SIGNED
1		22d. PHÝSICIAN'S NAME ITYPI Frederic	ek J. Vol	lmer, M.	D.	22e ADDRESS 6100 Y	York Road	eri.		

DHMH-16 50M 1/B1 (VRA 15, 4)

23b. DATE 9-1-1982

230 BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith 1050 York Road

Baltimore

Maryland STATE 250. DATE REC'D. BY REGISTRAR 256 RECISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Maryland

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	Alah megiliri d	. Supplement	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) ESTI-Clara Sandra DEATH MATED Ayers 919 82 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. LIF UNDER 24 HRS 2d HOUR SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 3:40A Female White DEAD 19 19 82 Aug. 24. 1954 L CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED Virginia USA DIVORCED Baltimore County. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY White Marsh south of White Marsh Blvd. LAL RESIDENCE (IF IN NURSING HOM Maryland Harford 13d. INSIDE CITY LIMITS? 1019A Pulaski Highway Joppa 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Gordon ROV Sparks Oakie Mullins 17. INFORMANT Joppa, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Thomas W. Ayers, 1019A Pulaski Highway no 219-60-7794 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY F HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINES, THIS CERTIFICATE SHOUL 
EXECUTE THE CERTIFICATE, WRITING THE WORD. \*P
AGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR, FAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HI
BAJLIMORE, MARKONNY, 21201 PROR, TO BURIAH, NO 21g. EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 2:55 KM 8 19 82 Driver in pick-up truck/tractor trailer impact 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. COUNTY WHILE AT WORK road -95 S White Marsh Blvd Autopsy X 220 I certify that I took charge of the remains described above, held an death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER 8/19/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Md. Aug. 23, 1982 Bel Air Memorial Gardens Bel Air Harford BP 24 FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III ADD Abingdon, Md. (VR A15 ME (5)) 20M 4/82

The state of the s

11-	FOR STATE					MARYLAND H AND MENTA	L HYGIEN	8 2		9 /	3	7
	REGISTRAR		WEI		AINER'S	CERTIFICATI	OF DEA		REG. NO.			
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNO OF ES	WN X MONI	TH DAY	YEAR	26. HOUR
5		Donne	11	Α.	Ba	con		DEATH MAT	TED 0	28	19 82	M
3 SE	X 4	. RACE	5. DATE OF BIRTH			NDER I YR. IF UN	DER 24 HRS.	26. DATE PRONOUNCED	MONT	H DAY	YEAR	2d HOUR 10:24
	M	В	6 1	1974 8	YRS.	TO DATE HOUR.	Mas	DEAD	8	28	19 82	a. M
	OREIGN COUNTRY)	TE OR	7b. CITIZEN OF WH	AT COUNTRY?	8. MARE	IED NEVER M	ARRIED 😾	9 BALTIMORE	CITY OR COU	INTY OF	DEATH	
1	Ba ltim		US A				ORCED [		nore Co			MD
III C	ITY OR TOWN O	FDEATH	11. NAME OF HOS	CILITY, GIVE STREET ADD	RESSI			MAL OCCUPATION MOST OF WORKING I		IZb KI	ND OF BUS	SINESS
	Randalls		Baltimo	re Count	y Gener	al Hosp.						
13a S	AL RESIDENCE (I	F IN NURSING HOME OF	OTHER INSTITUTION, GR	13c. CITY OR TO	DMISSION]	T3d. INSIDE CITY LIMIT	57   13e. STR	REET ADDRESS				
	Md			Ba lto		YES NO	0 20	23 Rux	ction A	lve		
740	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S M.		MIDDLE			LAST	
6	Anthon			Ba c on		Yvett	е			wki	n s	
) 160.	WAS DECEASED YES, NO, OR UNKNOW	EVER IN U.S. ARM	VAR OR DATES)	166. SOCIAL SEC	URITY NO.	17. INFORMANT			DDRESS			
	No					Yvette	Silve	rs 2023	R uxto			
	18 CAUSE OF	DEATH (Enter only	y ane cause per line							8ETY	PPROXIMATE I	AND DEATH
	9/1/1		E C AUSE (a)	Stab wo		Back						
TION, OR REMOVAL.	Continue	of and other	DUE TO, OR	AS A CONSEQUE	NCE OF							
	gave rise	, if any, which to immediate	(b):									
	lying cause	tating the <u>under</u> -	DUE TO, OR	AS A CONSEQUE	NCE OF							
			(c)									
N	PART 2 OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO IN	E TERMINAL DISEA	SE OR CONDITION GIVEN	N PART 1 (a)					
CERTIFICATION	19a. DATE OF C	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?				20	AUTOPSY?	
FE											YES 💢	NO 🗌
3 8	21a EXTERNAL		216. TIME OF		YEAR 21c. H	OW INJURY OCCL	IRRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OF	PART 2]		
X	UNDERLYING CONTRIBUTING	G CAUSE OF D	EATH 9: 16KM			bject wa	s stab	bed				
MEDICAL	21d INJURY OF	CLIRRED	21e PLACE C	OF INJURY (AT HO	ME, 21f LC	CATION		CITY OR TOWN		COUNTY		STATE
1 2	WHILE AT WORK	NOT WHILE	apar	tment			a Lane	Apt. D.			al to.	
				cribed above, held	an Auta	V	ection .	Inquiry		apinion	Md.	
	22g Leartifu	that I tack charas								Spiritigit		
			Collises			177	73					
	220   certify death resulted		Causes .	Accident ,	Suicide	, Hamicide X	. Under	termined manner				
	death resulted		Couses .			Hamicide X	Under	termined manner	DA"	TE {	3-29-8	32
MEDICAL CERTIFICATIO	death resulted	d fram:	Couses .			TITLE (SPECIFY	Under	termined manner	DA'	TE {	3-29-8	32
	death resulted	d from:	couses [],  Couses [],  Couses R. G	Accident .	Suicide^	Hamicide X	Under	termined manner	DA'	TE {	3-29-8	82
230.E	death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN' SPECIFY)	IAME HO	rmez R. G	Accident , , , , , , , , , , , , , , , , , , ,	Suicide	Hamicide X	Under	DICAL EXAMINER  n Street	DA'SIG	TE ENED_		
2 - 230. E	death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN' BURIAL, CREMATI (SPECIFY)  B u rial	IAME HOON, REMOVAL 23	rmez R. G	Accident , , , , , , , , , , , , , , , , , , ,	Suicide^	Hamicide X TITLE (SPECIFI A.D. ASSIST ADDRESS 1	Under	DICAL EXAMINER  n Street  OCATION OCATION altimor	DA' SIG	OUNTY	Mi	
230.E	death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN' SPECIFY)  BURIAL, CREMATI SPECIFY  Burial FUNERAL DIRECT NAME	HAME HOON, REMOVAL 23	rmez R. G	Suard, M.  236. NAME O  B alti	Suicide^  D.  F CEMETERY C	ADDRESS 1250. DO	Under	DICAL EXAMINER  n Street	DA' SIG	OUNTY	Mi	

-12c v<sup>37</sup> 

FOR			0.00.00	
			REG. NO.	9 / 3 8
	ARA M. B	AER	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR 5:10AM
FEMALE	444.4		6. AGE (IN YEARS LAST BIRTHDAY)  77  YRS.	IF UNDER 1 YEAR IF UNDER 24 HAS
Balto. (ity	11 S A MAR			
			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
TATE 136 COUNT		13d INSIDE CITY LIMITS? YES NOT	130. STREET ADDRESS 4708 Meise Dru	ive - 21206
	asborough LAST	15 MOTHER'S MAIDEN NA	AME	LAST
ES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO 218-14-5549	Mr. Gordon W	. Baer - 4708 Me	ise Dr21206
PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gove rise to immediate couse io, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O  (c)  RESPIRAT  RESPIRAT  OUE TO, OR AS A CONSEQUENCE O	CARCINOMA O		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?   20b IF YES   NO   YE	, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YE.	9	RED (ENTER NATURE OF INJURY IN 11EM 18 P	ART OR PART 2)
WHILE NOT WHILE AT WORK		STREET	CITY OR TOWN	COUNTY STATE
sow the decrosed oliver obove, (I) (Wa) (did) (did Not)	0 / 1 / 0 0	, and that in (my) (our) opinion	deoth occurred on the date and hou	
x Sutha	1	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	8/14/82
	R, M.D.	GBMC-6701		
Burial		wood Cemetery	23d LOCATION CITY Balto. Md.	COUNTY STATE
	-6415 Belair Rd2			RAR'S SIGNATURE
	FEMALE  STHPLACE ISTATE ORFOREIGN  PRINTING CITY  TY OR TOWN OF DEATH  WSON, MD.  LRESIDENCE (IF NURSING HOME ORO TATE  THER'S NAME FIRST  FIRST  SOME  FIRST  CONDITION  138  138  140  153  160  170  170  170  170  170  170  170	FOR STATE REGISTRAR  EASED NAME BARBARA M. BARBAR MA MARA MARA MARA MARA MARA MARA	THERE STAME  FEMALE  ARACE  STATE OF BIRTH  STATE  BARBARA  M.  BAER  STATE OF BIRTH  STATE OF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REG. NO.  REASED MAME 1831  BARBARA M. BAER  S. DATE OF BRITH  120 08 24 57  WHITE ASSED MAME 1831 CHOCKED 1 16 CITIZEN OF WHAT COUNTRY?  BARBARA M. BAER  S. DATE OF BRITH  120 08 24 57  WASRIED NOVEL AND WASRIED DOWN TO BE CITIZEN OF WHAT COUNTRY?  BALT IMORE CITY ON COUNTRY  WASRIED NOVEL DOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OR OTHER MARRIED DOWN OR DED DOWN CED COUNTRY  WAS NOW, MD.  III. NAME OF CHARLES ST.  III. NAME OF CHARLES ST.  III. NAME OF CREESE OF COUNTY CED COUNTRY  AS DECEASED EVER IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY CED COUNTRY CED COUNTRY  AS DECEASED EVER IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY CED COUNTRY  RESPONDED TO THE STREET COUNTRY  AS DECEASED FOR IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY CED COUNTRY  RESPONDED TO THE STREET COUNTRY  AS DECEASED FOR IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY CED COUNTRY  AS DECEASED FOR IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  AS DECEASED FOR IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  MEDICAL CAUSE OF COUNTRY  RESPONDED TO THE STREET COUNTRY  RESPONDED TO THE STREET COUNTRY  AS DECEASED FOR IN U. S. AREAD FORCES?  III. S. NOOTHER'S MADEEN NAME  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III. S. NOOTHER'S MADEEN NAME  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III. S. NOOTHER'S MADEEN NAME  FREST PRATICULAR OF COUNTRY  III.

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	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	0 4	9 / 3 9
1		CEASED NAME FIRST OR PRINT) HASSIC	MIDDLE B.	Baldwin ATE OF BIRTH MONTH DAY YEAR	8- L	YEAR 26 HOUR 1-82 5:30 P
<b>Y</b> )	:	OUNTRY)	U.J. WIC	ARRIED   NEVER MARRIED   DOWED   DIVORCED   DIV	Baltimore CITY OR COUNTY	OF DEATH COUNTY ME
d be rhad with	A.	alto. Co.	INAME OF HOSPITAL, NURSING HE (IF NOT IN SUCHFACRITY, GRESTREET ADDRE  HER INSTITUTION, GIVE RESIDENCE BEFORE ADME  13c. CITY OR TOWN	SSION) 134. INSIDE CITY LIMITS?	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
and completely the sages if and 2 should the medical exam	16a. V	THER'S NAME  THOMAS  WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN)  IF YES, GIVE W.	BILLINGS ED FORCES? THE SOCIAL SECURITY	YES NO MANUAL PROST NO NO IT INFORMANT	ME MODIE  ADDRESS 925	BILLINGS
n signed by the attending physicial then please remove carbon papers! It to burial, cremation, or removal. It injury, or other traumatic event, by injury, or other traumatic event.	NOI	Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying cause lost	At the second of	Sory Dailu or Branchoges	re nie Colemona MINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BITWERN ONSELAND DE ALM  3 mas
t permit. The giene prior 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER		YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
he burial-transit pand Mental Hygi and Mental Hygi arked or Item 18	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE
be described to use as the state of the stat		224. PHYSICIAN'S NAME (TYPE OR PH	yiew the body offer death.	DEGREE ATTENDING PHYSICIAN 1 220 ADDRESS	death occurred on the date and hour	19 P 2, that (1) (we) los ond from the couses stated  22c. DATE SIGNED  27. S 2
Mith the	- 14	SUMIAL CREMATION: REMOVAL	ETON 21 04TE 231. NAME CUA7, 1982 Jan	OF CEMETERY OPCREMATORY  WWW AND	23d. LOCATION CITY ON TOWN LASON  IE. REC'D. BY REGISTRAR 25b. REBIST	COUNTY OF STATE .
MH-16 25M 15, 4) 1/79	Re	ignord The	40000 AR 350	Stleet A	UG - 6 1982 Jac	m & Comile

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Andread Andrea Expand - Land - Contract - Carlotte

requires that the death certificate be executed within 24 hours after death. Page 4 may be

	FOR STATE REGISTRAR	FIRST		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 / 4  CERTIFICATE OF DEATH  REG. NO  MIDDLE  LAST  120 DATE OF DEATH MONTH DAY YEAR 120 HOU							
	(TYPE OR PRINT)	FIRST		MIDDLE	BALK		July 19	9:50p			
3	Female		White S Date of Turner of			y 19°, 1982	6 AGE (IN YEARS LAS	YRS	FUNDER 1 YEAR	F UNDER 24 HR	
35	BIRTHPLACE 151		76 CITIZEN OF WHAT COUNTRY				9 BALTIMORE CIT			,	
57	Baltimo		(IF NOT IN SUC	HOSPITAL, NURSI CHFACILITY, GIVE STREE Iklin Squ	T ADDRESS)	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (LIFE) INDUSTRY				
3	Marylan  Marylan	113h_COL	or other institution JNTY Itimore	130 CITY OR TO		13d. INSIDE CITY LIMITS? YES NOT	13e STREET ADDRE	Mother Oak Gro			
30	William	Cha	rles	Balk, I	II	Sandra	C. MIDDE	Da	avis	1	
16	60 WAS DECEASED  LYES, NO OR UNKNOW	EVER IN U.S. A		166 SOCIAL SEC		17 INFORMANT 12-B Oak Gr		Mother '	's Add	ress )	
(ory, or or	PART 2 OTHER	couse lost.	(c)_	OR AS A CONSEOU		NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVER	N IN PART 10	0	
	19a DATE OF O	PERATION	19b. COND	PITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
9	OR CONTRIBUTING	CAUSE OF D	P. PLACE	.M. MONTH E .M. OF INJURY	DAY YEAR	211 LOCATION	RRED (ENTER NATURE OF		_	STATE	
	22a   certify th		pitol) ottended th	he deceased from	July	19, 19.82		9	82	that (1) (we) la	
n nem z	sow the dobove, (1) (22b. SIGNATUR	RE A ./	attan	asiv		nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN		TAFF	22¢ DATE		
7	22d. PHYSICIAN	I'S NAME (TYPE	OR PRINT)		-/	22e ADDRESS					
	Ronal d		asio, M.I			9000 Fran	Iklin Squar	re Drive			

DHMH - 16 50M 1/81 (VRA 15, 4)

NAME

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John & Coming

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	STATE OF MARYLA
FOR	DED A DEMENT OF MEALTH AND A

STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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9741

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTE	AR HUNDER WAY
John D. Barabasz  4 RACE  4 RACE  5 DATE OF BIRTH MONTH DAY Feb. 7, 1917  6. BIRTHPLACE (STATE OR FOREIGN DE CITY COUNTY)  6. AGE (IN YEARS LAST BRITHDAY)  6. AGE (IN	O OF BUSINESS
White White Feb. 7, 1917  a. BIRTHPLACE (STATE OF FOREIGN TO WHAT COUNTRY? B. MARRIED DIVORCED DIVORCE	O OF BUSINESS
Mhite Feb. 7, 1917 65 YRS  a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER NEVER MARRIED NEVER NEV	OOF BUSINESS RY OCET
BRITHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY OF DEATH   U.S.A.   WIDOWED   DIVORCED   Baltimore County   126. KINC   WIDOWED   DIVORCED   WIDOWED   120 USUAL OCCUPATION   120 USUAL OCC	oof Business RY Ocer
U.S.A. WIDOWED DIVORCED  Baltimore County  III. CITY OR TOWN OF DEATH  TOWN  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Valley Nursing Home  USUAL RESIDENCE (IF NURSING HOME OF DIFFE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  I3d. INSIDE CITY LIMITS?  YES □ NO □ 1316 Lake Vista Dr  IAST SMADLE  MIDDLE  MIDDLE  MIDDLE  IAST MIDDLE  Baltimore County  I2a. USUAL OCCUPATION (1726 OF WORKING LIFE) INDUSTR  (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR  (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR  (ITY OR TOWN 13d. INSIDE CITY LIMITS? YES □ NO □ 1316 Lake Vista Dr  IAST SMADLE  MIDDLE	ocer
II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Valley Nursing Home  USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE  131. CITY OR TOWN 132. CITY OR TOWN 133. INSIDE CITY LIMITS? YES NOW 131. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PE OF WORK HOR MOST OF WORKING LIFE) INDUSTR  Great Company of the state of the	ocer
Towson Valley Nursing Home  USUAL RESIDENCE (IF NURSING HOME DITHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)  130. STATE  Maryland  Baltimore  Joppa  131. CITY OR TOWN  JOPPa  134. INSIDE CITY LIMITS?  YES NOW  136. STREET ADDRESS  21085  137. CITY OR TOWN  YES NOTE  137. CITY OR TOWN  ADDLE  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE  MID	ocer
USUAL RESIDENCE (IF NURSING HOME OF THE INSTITUTION GIVE RESIDENCE REFORE ADMISSION)  130. STATE  130. STREET ADDRESS  21085  Maryland  Baltimore  Joppa  13. CITY OR TOWN  JOPPA  YES NO 13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  MIDDLE	
Maryland Baltimore Joppa YES NO 1316 Lake Vista Dr.  FATHERS NAME  MODIE  MODI	ive
FATHER'S MAIDEN NAME  MIDDLE  LAST  MIDDLE  MIDDLE	ive
MIDDLE LAST FIRST MIDDLE	-10
Barabasz Marcela Borsukie	LAST
	wicz
66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  1YES, NO OR UNKNOWN) 11 15 YES, GIVE WAR OR DATES! 218-32-0248  Paul A Barabas 2 1316 Take Vis	
Yes Army WW II 218-32-0248 Paul A. Barabasz 1316 Lake Vis	sta Dri
18 CAUSE OF DEATH (Enter only one cause per line far <sub>e</sub> (a), (b), and (c)).	OXIMATE INTERVAL EN ONSET AND DEA
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	lio
A DATE OF OPERATION. LIP CONDITION FOR HUNCH OPERATION AND STREET OF THE PARTY OF T	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINI IN CERTIFYING CAUS	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINI IN CERTIFYING CAUS YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY AM MONTH DAY YEAR 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	ES OF DEATH?
196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? 206. IF YES, WERE FINI IN CERTIFYING CAUS YES NO.  216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	ES OF DEATH?
19th Ondition for which operation was performed   20th autopsy?   20th if yes, were finiting cause of death or contributing   cause of death (see finiting in cause of death or cause or cause of death or cause of death or cause	ES OF DEATH? NO STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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John J. Cohief

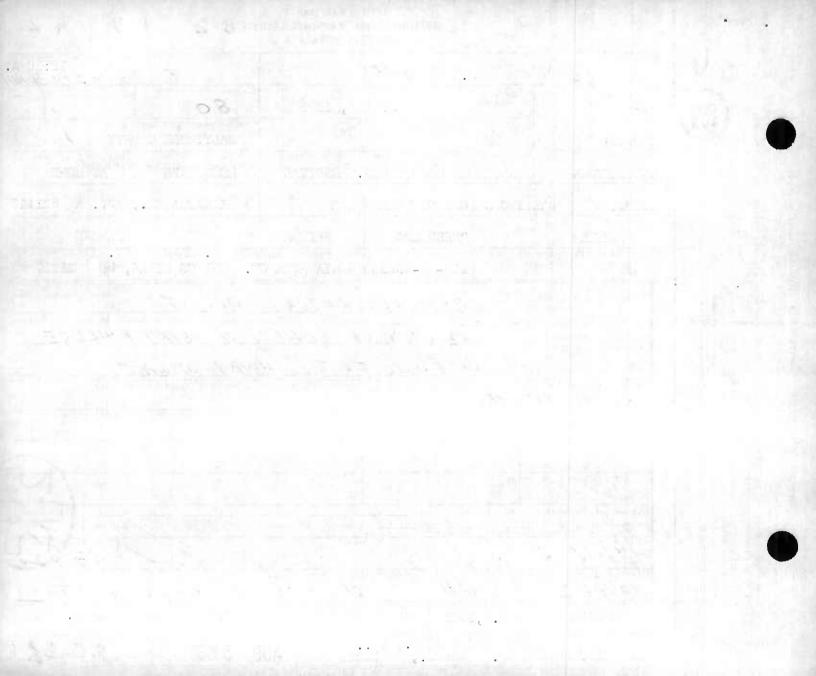
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	1 -	FOR STATE REGISTRAR			DEP	MARRIED WINEYER MARRIED   BALTIMORE COUNTY   MD.								
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1		RTHPLACE (STATE OR FORE OUNTRY) POLAND		USA		MARE	VED DIV	ORCED		-				MD.
5	RA	TY OR TOWN OF DEATH NDALLSTOWN	I	BALT IM	ORE CO	UNTY GE	N. HOSPI				ING LIFE)	AT H	F BUSINI	ESS OR
5	M.	ARYLAND	COUNTY				138. INSIDE CI	NOL		ATHA CT	., A	PT.	A #2	21117
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		22a I certify that (1) (the saw the deceased above, (1) (we) (did)	olive on				ond that in (my) (			n the date and		d Iram the	causes sta	
		22d PHYSICIANS NAME HAFEE Z	(TYPE OR PR	A Sy	Only ED	)	22e ADDRESS	HYSICIAN [	DIRECTOR [	PHYSICIAN E	1 1	8/3	174	2
	23a. B	URIAL, CREMATION, REASPECTEY) BURIAL	MOVAL	AUG.4,	1982	HAR S.			23d 605 4 UC	1A1	LS co	BALT	). N	AD .

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. BALTO., MD INC. 21215

AUG - 5 1982 John Louis



n and completely filled in by the Poges 1 and 2 should be filed wit

the attending physician remove carbon popers.

O FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

HOSPITAL OR ATTENDING PHYSICIAN: The low

ned by the hospital

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STATE OF MARYLAND

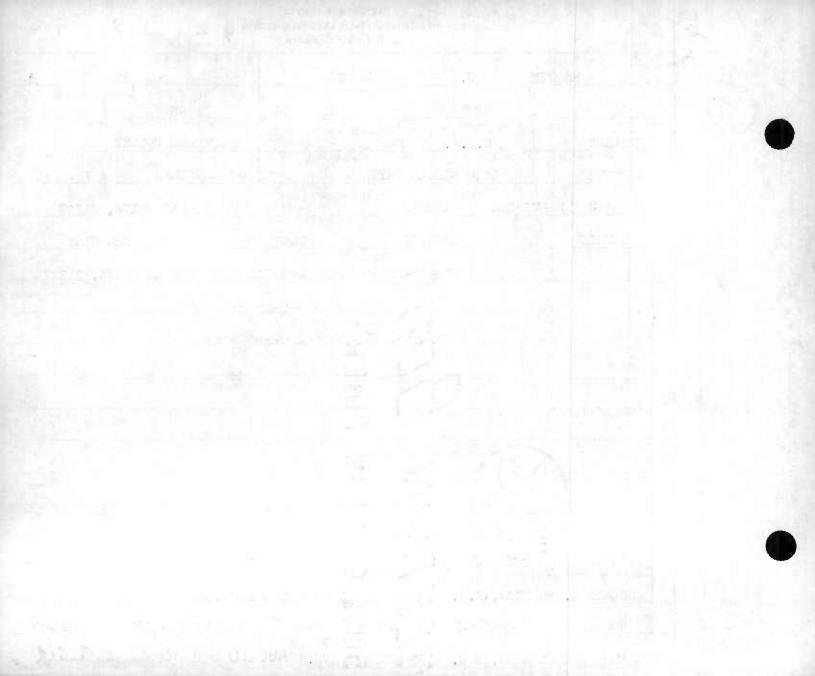
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.				
11	L DECEASED NAME	FIR51		MIDDLE		AS1		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
	(TYPE OR PRINT)	MARTI	N	J.	BAF	RETT			08	19	82		A
	3 SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST I			RIYEAR	IF UNDER	R 24 F
4	MALE		WH	ITE	08 08		16		6 YRS	MONTHS	DATS	HOURS '	~
	To. BIRTHPLACE (SI	ATE OR FOREIGN	76 CITIZEN OF		RY? 8			9 BALTIMORE CITY		_	ATH		
1	IRELAN	D	II.	S.A.	WIDOWE	DE DI	ORCED	BALTIMOR	E COU	INTY			
1	10 CITY OR TOWN O		11. NAME OF	HOSPITAL, NUR	RSING HOME			120 USUAL OCCUPA	TION	12b.	KIND OF	BUSINI	ESS
0	ARBUTU	S		O CIRCL	WAREHOUSEMAN A & P								
7	USUAL RESIDENCE	IF NURSING HOME C				1101 NICHE C		l					
5	MARYLAN		TIMORE	13c. CITY OR TO		13d INSIDE CI	NO X	1040 CIRC		TVE	212	27	
	4. FATHER'S NAME					15. MOTHER'S	MAIDEN NA	ME	DI DI	TVD		2.1	_
	PATR	ICK	WIDDLE	BARRE	ידידי		ELLEN	WIDDLE		McC	AULE	v	
	160 WAS DECEASED	EVER IN U.S. A		16b. SOCIAL SI		17 INFORMA		ADD	RESS	TICO.	TITI OTT		
	NO OR UNKNOW	VN) (IF YES, G	IVE WAR OR DATES)	022-2	4-8566	T 10/0 CT	RCLE	DR TV	F 2	1227	7		
=		NO 022-24-8566   DELIA BARRETT 1040 CIRCLE DRIVE, 21227  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).    APPROXIMATE INTERVAL											
	PARTI. DE	ATH WAS CAUS	ATE CAUSE (0)	alli	4 mu	ncank	eas S	1/arcles	7				
9	PART 2 OTHE			DNTRIBUTING				200 AUTOPSY?	20b. IF Y	ES, WERE	FINDING		TH?
3	21a. ACCIDENT W	AS UNDERLYING	21b. TIME O			21c. HOW IN.	RED (ENTER NATURE OF IN.			PART 2)			
1	OR CONTRIBUTION	G CAUSE OF DE		M. MONTH	DAY YEAR								
	OR CONTRIBUTION		21e. PLACE	DE INJURY 211. LOCATION								-	
	WHILE AT WORK	NOT WHILE	(AT HOME STR	REET, FACTORY, OFFI	ICE, FARM, ETC )	STREET		CITY OR	IOWN	CO	UNTY		STATE
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	sow the d	eceased alive o	n Jell	17 19	22	nd that in (my)	(our) opinion	death occurred on the	ote and h				
	22b. SIGNATU		of viewfor body	mer death		DEGREE				.72	DATES	KINED	
	18110	onio	Deul	mi			TTENDING PHYSICIAN	DIRECTOR PHYS	AFF		8/1	9/8	2
	22d. PHYSICIA	N'S NAME (TYPE	damines /	1		22e ADDRESS		J - ILLEION EJ IIII J			1	10	
	FUCEAT	O E. BE	NTTEZ (M	D.		3/155	UTTER	NS AVENUE				1	
	HOOLEVI		ATTICL AND										
-	230 BURIAL, CREMA	TION, REMOVAL	L 23b. DATE	1 2	3: NAME OF C	EMETERY OR C	REMATORY	23d LOCATION					
	(SPECIFY)							CITY OR TOWN	E CIT	COUN			NI
	BURIA:	L	23b. DATE 08-23			CATHEDR	RAL			Y	MAI	RYLA	
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INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/81 (VRA 15, 4)

HUBBARD FUNERAL HOME,



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48 chimunek Funeral Home.

3331 Brehms Lane

DPMH - 16 50M 1/BI (VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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176 KIND OF BUSINESS OR

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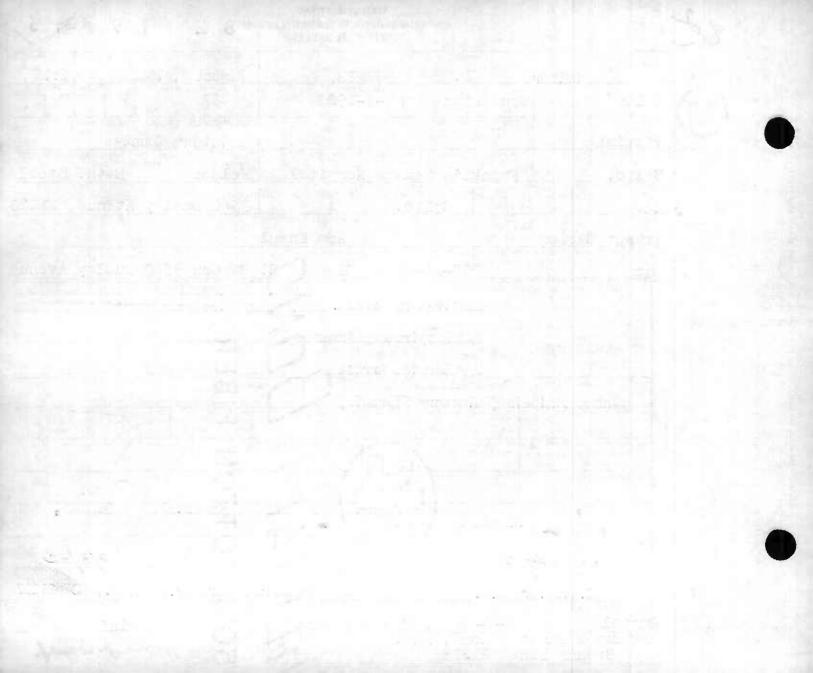
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

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COUNTY

22c DATE SIGNED



offending physic

ould be detached for use os the buriol-tronsit permit. Then pleor oild the State Dept of Health and Mental Hygiene prior to buriol,

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 SEX		4 RACE		5 DATE	OF BIRTH	6 AGE	IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	
MALE		WHIT	re	MONT	11 1900		81	YRS	NONTHS DAT	S HOURS M
70 BIRTHPLACE	STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BAITU	MORE CITY O		OF DEATH	
ITALY		U.S.	. A .	WIDOW	D NEVER MARRIED		BALTIMO			
10 CITY OR TOW	OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USU	AL OCCUPATI	ON	12b KIND	OF BUSINESS
ARBUTI	IS		ON T.TNDEN		UE, 21227		STRUCT			F-EMPLO
		OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				1011	Dain	2112 100
MARYLAN		IT IMORE	ARBU'		YES NO TO		O LINDI	EN AVE	NIIE '	21227
14 FATHER'S NAA				200	15. MOTHER'S MAIDEN		O DIMDI	214 2142	ittoli,	21221
CTII	SEPPE	MIDDLE	BAZZANT	т	JULIA		MIDDLE		UNKNO	AST
160 WAS DECEAS	ED EVER IN U.S. A		16b SOCIAL SECU		17 INFORMANT		ADDRE	SS	UNICIVON	ATA
NO OR UNK	OWN) (IF YES (	GIVE WAR OR DATES)	213-28-	1/100	FORTUNEE T	TIMMEV	1100 1	TNDEN	AVENI	TE
	DE DE ATILLE		213-20-		TOKTONEE I	OMMEL	1100 1	PINDEN		DXIMATE INTERVAL N ONSET AND DEA
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lon		(c)CONDITIONS C		DEATH BUT	NOT RELATED TO THE TE		ASE OR CONI		EN IN PART	
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21a ACCIDEN	T WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCC	_		1		- Land
	TING CAUSE OF C		.M. MONTH D	AY YEAR	1013					
	OCCURRED		OF INJURY	19	21f LOCATION			_		
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230. BURIAL, CREA			the second second		EMETERY OR CREMATOR		CATION CITY OR TOWN		COUNTY	STATE
ENTOMBMI		08-24	4-82 LO	UDON	PK. MAUSOLEU	M BA	LTIMORI	E CITY		MARYLAN
24 FUNERAL DIRE	LTOR		ADDRESS		21227	DATE REC'D. B	Y REGISTRAR	25h ABGISTE	RAR'S SIGNA	TRE

DHMH - 16 50M 1/81 (VRA 15, 4)

HUBBARD FUNERAL HOME

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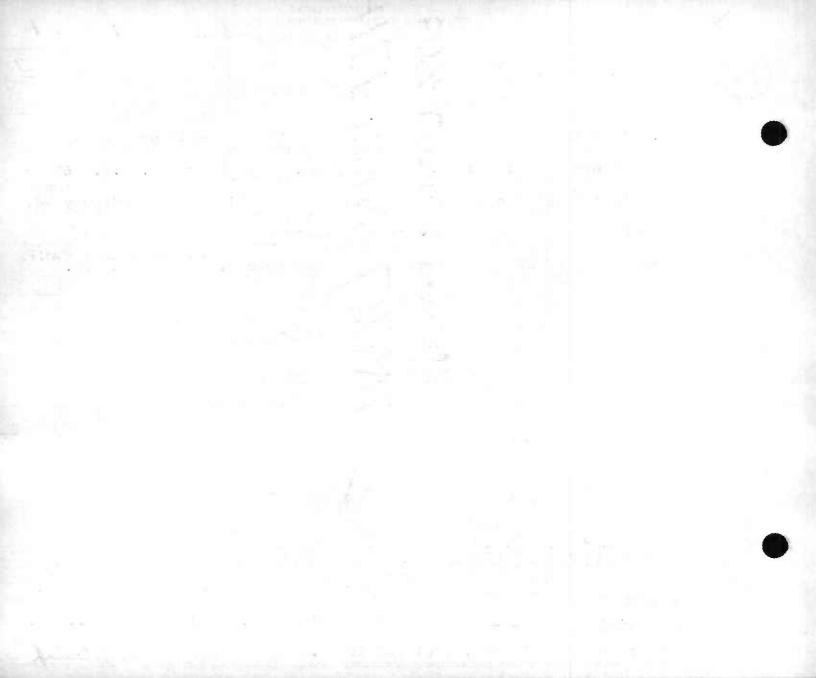
HOSPITAL

21227 4107 WILKENS AVE INC.

AUG 2 5 1982 John J. Comment

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH " REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH TTYPE OR PRINT OF ESTI-4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE AST BIRTHDAY PRONOUNCED 1130 ZyRO DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Virginia TISA Baltimore County WIDOWEDXIX DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore 3D, Middleway Rd. 3. RETAIN PA SHOULD BE FI Western Md. R.R. Boiler USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maker 201 Apt 13d. INSIDE CITY LIMITS? Maryland Baltimore 3D Middleway Rd. liddle River NO A YES -14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Beavers MIDDLE Todd DIVISION OF VIT Florence Paugh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Laguna Beach, Callf. 332 Forest Ave. 166 SOCIAL SECURITY NO ves none Dona Leicht. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL A BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO OR lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (G. CERTIFICATION E 3 SHOULD BE COLOR OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES [ NO I 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE TO MEAN.
EXECUTE THE CRE...
FACE A SHOULD BE FORW...
FACE AS SHOULD BE FORW...
ATTER DEATH WITH THE STATE
"ALTIMORE, MARYLAND, 212 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY DATE TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Gardens of Faith Balto .. Cem. Overlea 8-9-82 BP Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Lassahn Funeral Home, 7401 Belair Rd. (VR A15 ME (5)) 15M 2/80



9705 BELAIR RD. BALTIMORE, MD.

(VRA 15, 4)

STATE OF MARYLAND

DIE MUNICIPAL EUMINICAL HOME, INC.

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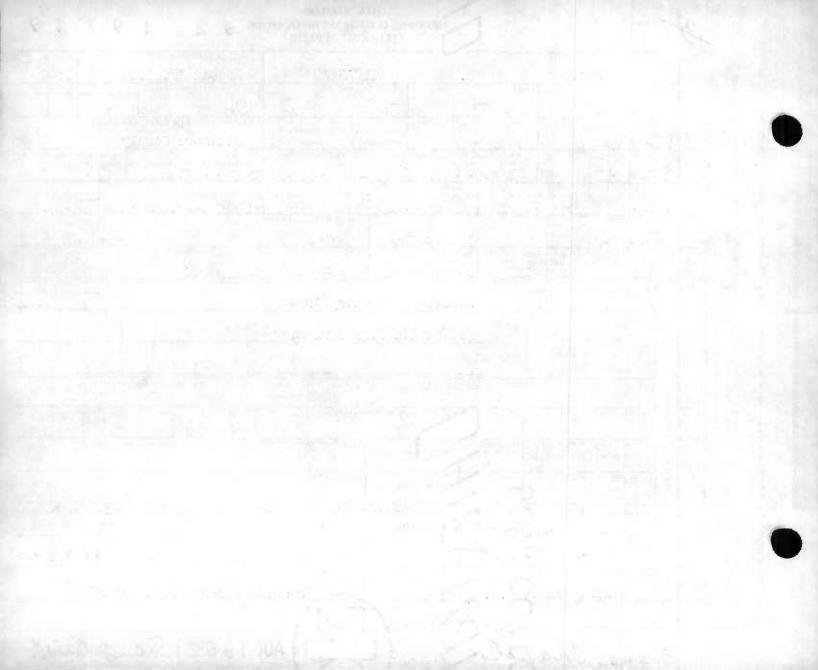
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24 FUNERAL DIRECTOR

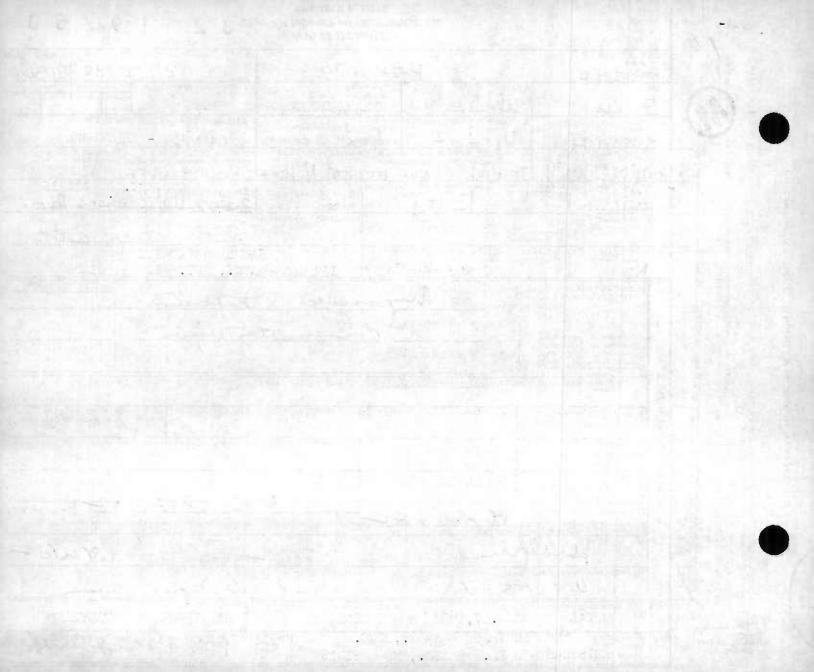
DHMH - 16 50M 4/R2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pishould be detached for use as the burial-transit permit. Then please remove carbons with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover.

MPORTANT: If them 21 is morked or them 18 show

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 0

1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE 8 2		9 7	5	•
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	FRI	ANCI	S T.		BELL	Aug.	18	11989	2 4:1	16A
a. SE	EX	4 RACE		5. DATE	OF BIRTH	& AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAY		24 HRS
1	M	W		May	4	78	YRS.	MONTHS DAYS	HOURS	MIN
70 B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
	msas	US	A	WIDOW	_	Baltimore	Co.			MD
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		OF BUSINE	SSOR
E	Baltimore	Baltimo	re County	Host	oital	Retired	OF WORKING		ire Co	0.
13a.	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	R OTHER INSTITUTION	130. CITY OR TOW	ADMISSION)		13e STREET ADDRESS				
	ryland All	egany	La Vale		YES NO	228 Nation		ichway		
III.F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM				AST	
	Archibald B				Gertrude	Lloyd	-72		-57	- 10
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	7102 Sus	ssex 1	Place.		
	No		078 03 2	575	James F. Bell				307	
>	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse pe	r line for (a), (b), and	d Learn					XIMATE INTERVI	VAL DEATH
		IATE CAUSE (a)	30	rli'c	ema		30			
	1000	DUE TO. C	OR AS A CONSEQUE	NCE OF						
	Conditions, if ony, which	( b)_	13-	new	desiration -					
	gove rise to immediate couse (a), stating the	DUE TO C	OR AS A CONSEQUE	NCF OF						
	underlying couse lost.	(c)_								
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	10	
CERTIFICATION	L A	LZHE	IME	2 19	3 disiar					
CA	190. DATE OF OPERATION	196. CONE	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USED	H2
TIE						YES NO		ES [	NO [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)		7 -
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MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE FA	ARM FTC )	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	51	ATE
1	AT WORK NOT WHILE			4						
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	sow the deceased plive obove, (I) (wer (did)) did	not) view the body	ofter death.	820	nd that in (my) (our) opinion d	leoth occurred on the d	lote and ha	our and from the	couses stat	ted
	226 STO MATURE				DEGREE			22c. DAT	ESIGNED	
	9tone	( ) ou	Lutions	Jes	ATTENDING PHYSICIAN	MEDICAL STA	CIAN DO	8.	-18-	.82
	22d. PHYSICIAN'S NAME (TYPE	( )			22e ADDRESS	045 0				
	C'HASSEN	1/20	URMOT	AG	BED B.	alti. Co	· 6.5	en. H	oza	lak
230.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	Burial	8/21/	82 Sun	set M	lem. Park	Cumberlar	nd. Me	COUNTY	51.	ATE
24 F	UNERAL DIRECTOR				250. DATE		25b (-) 15	RAR'S SIGNA	TURE .	
	John J. Ha	fer, Jr.	La Vale	Md.	21502 AU	0 4 0 1982	00	my	while	8

Lunas x A 2 U La orang altimor County replical hatired 1-5 Tile Co. which is the first see a see at the parties banky beniltede Lloyd PART BURNET STATE AND DESCRIPTION OF THE PROPERTY OF THE STREET Entlat 1 8/21/82 Funset New York Countries, 22 Countries of the Santa Countries of the Sant Adams, Corr. Mr. May 1916, 18. Serround

8/13/82

7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BENNER

Green Mount

21222

28 DATE OF DEATH MONTH

12b. KIND OF BUSINESS OR INDUSTRY Martins Stull 3605 Putty Hill Ave. Balto. MD 21236 APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T COUNTY 22c DATE SIGNED Baltimore Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

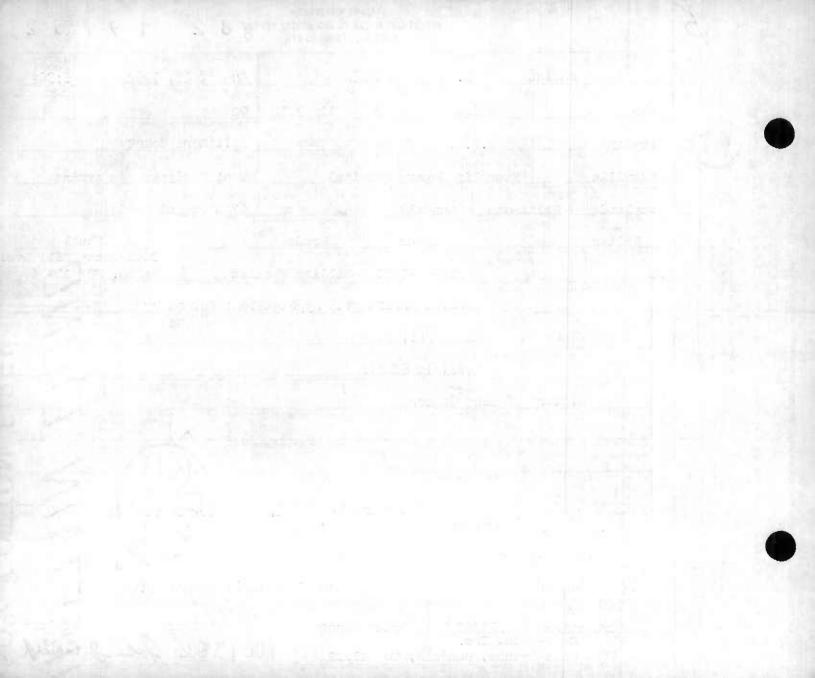
TYPE OR PRINTS

REGISTRAR DECEASED NAME

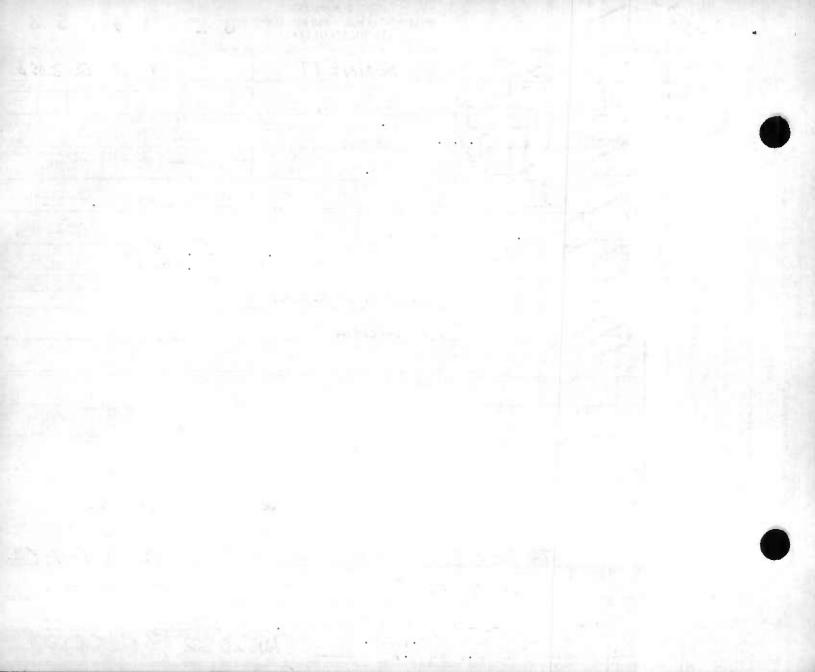
ARVINE

Cremation

24 FUNERAL DIRECTOR Duda-Ruck, Inc.



. 2		FOR STATE REGISTRAR				MENT OF H	ICATE OF	MENTAL HYG	0 4	REG. NO		9	7	5 3	3
oy be death	(TYPE		LES		5 TEVEN	BEN	NET	T	2a. DATE OF DE		<b>8</b> -	18 -	000	3:35	PM
Page 4 moy	3 SE)	MALE			WHITE	S. DATE C	30°,	1966	6 AGE (IN YEARS		YRS	MONTHS		# UNDER ?	24 HRS MIN
death. Pr	C	RTHPLACE (STATE OR FO DUNTRY) MARYLAND		U.	S.A.	MARRIE	D D	MARRIED XX		ALTI	MORE	COU	INTY		MD.
by the L		TY OR TOWN OF DEA	tΗ	11. NAME OF (IF NOT IN SU 2218 I	HOSPITAL, NURSIT CHFACILITY, GIVE STREET FARRINGDO	NG HOME ( ADDRESS) RD.	OR OTHER INS	TITUTION	TYPE OF STUD	ENT	ON F WORKING L	LIFE) 126	KINDO	F BUSINES	SOR
124 hour	13a S	AL RESIDENCE (IF NURS TATE ARYLAND	ING HOME OR 13b COUN BALT]	VTY	BALTIMO	RE ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET ADD	RESS ARRI	NGDO	N RE	). #	2120	9
and within	4	THER'S NAME FIRST MILTON		MIDDLE )	BENNE	TT		S MAIDEN NA		IDDLE		DA	VIDS	BON	
e execution ond co	16a V	VAS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	16h SOCIAL SECU	JRITY NO.			MILTON D NGDON RD		#2120				
v requires that the death cert een signed by the attending it Then please remove corbon ior to bustol, cremation, or ret ny injury, or ather froumatic ex	ATION	Conditions, if ony, gove rise to imm cause ia, statin underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERAL	which nediate g the last	DUE TO, C	OR AS A CONSEOU OSTEO OR AS A CONSEOU	SARCO ENCE OF DEATH BUT	MA NOT RELATE		INAL DISEASE O					a)	
N: The low tysicion. Icote hos b consit perm Hygiene p 18 shows o	CERTIFICATION	210 ACCIDENT WAS UND	DERLYING [	216. TIME (	OF INJURY					)X	IN CERT	YES	CAUSES	OF DEATH	H?
IG PHYSICIAI ottending ph ter this certifi s the buriol:tr s the dor Mentol rked or Item 3	MEDICAL	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC, 21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	RED	21e. PLACE	.M. MONTH D .M. OF INJURY TREET, FACTORY, OFFICE,	19	21f LOCATI	ON	Cit	Y OR TOW	٧٨	COL	UNTY	STA	ATE .
R ATTENDIN hospital or IRECTOR. Af hed for use a ept of Health		22a.1 certify that (1) saw the decease abave, (1) (we) (c 22b SIGNATURE	ed alive an	AUG	UST 15 195	32, a	nd that in (my	, 19 ) (30-) opinian	<b>21</b> , todeath occurred a		ate and ha	aur ond f			,
HOSPITAL Opined by the Struck Divided by the Struck Divided by the Store Double Store Double Store Double Store Double Store Double Dou		22d. PHYSICIAN'S NA			. Rowe	MÌ	22e ADDRE		MEDICAL DIRECTOR		VS	HAC	8-	18-8	12
TO FUN TO FUN Should be with the	23a. E	URIAL, CREMATION, SPECIFY, BURIAL		23b. DATE	23¢.	NAME OF C		CREMATORY	23d LOCATIO	N WN		COUNT		STATE MD	TE
	24. FU	INERAL DIRECTOR S	OL LE	<u>l 8-19-</u> EVINSON FOWN RD	& BROS.,	INC.		AUI	BALT 3 2 0 198	SIRAR 2	250 FEGIS	STRAR'S	SIGNAT	URE .	2

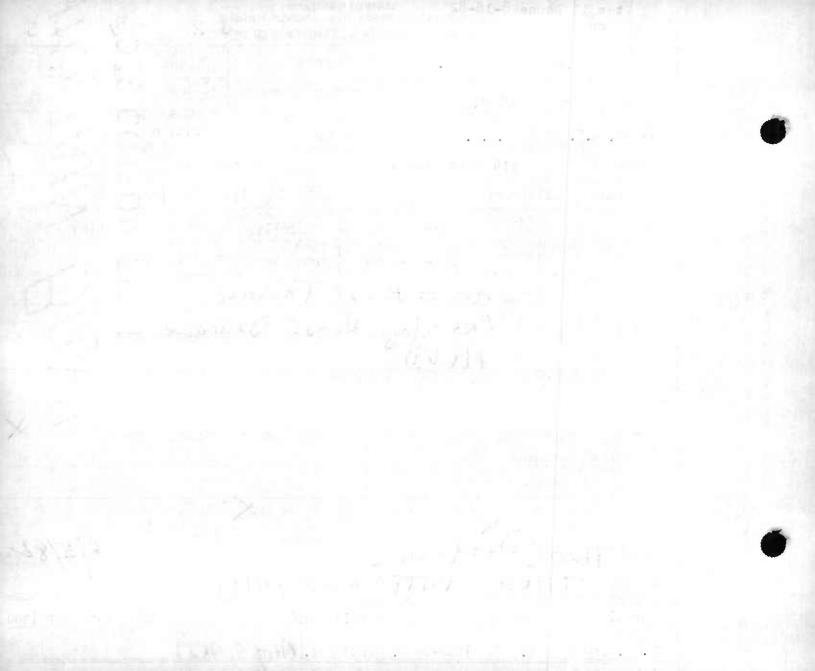


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Same dine Survey Survey 11, 112 15 17 57 Latinated Comment Land Comment and the Comment of t Particular Particular Santa Sa wind the Daniel section of the section . C. Jebberg Jon Jac. 1994 Castern Syenie L. Ayt.

	REGISTRAR DECEASED NA	_		MIDDLE	LAST	.,	20. DATE KNOWN OF ESTI-	. ОИ .	DAY YE	26. HC
3. 5		01 ga	S. DATE OF BIRTI	L. IA AGE	Berr		DEATH MATED	8 D	5 19 8	82 PAR 24 P
3. 3	Female	Black	3/13/1	928 54	YRS.		PRONOUNCED DE AD		19	74, 7
	BIRTHPLACE FOREIGN COUNTRY WITSON,	Y)	U.S.A	WHAT COUNTRY?	8. MARRIED WIDOWED X		Baltimore cit			Н
10.	Chase,	N OF DEATH	11. NAME OF HO	OSPITAL, NURSING HOFACILITY, GIVE STREET ADDRESSED & Circle	ESS)	TITUTION 12a	USUAL OCCUPATION FOR MOST OF WORKING LIFE) HOUSEWITE	(TYPE OF WORK	126 KIND O OR IND	F BUSINES USTRY
	Mary 1 a		Ttimore	13t. CITY OR TOW		SIDE CITY LIMITS?	14 Akin Cir	rcle		
_	FATHER'S NA/	ME	MIDDLE	Carter	15 MC	Rosella	AME MIDDLE		King	
160	(YES, NO OR UNK	SED EVER IN U.S. A NOWN) (IF YES, G	ARMED FORCES?	16b. SOCIAL SECU 220-24-2		en Berry	95 Aikin C			
		OF DEATH (Enter	only one cause per li SED BY:	ne for (a), (b), and (4).	) and 0 -	Failer	10		APPROX BETWEEN	MATE INTER ONSET AND I
	140	19 IMMED	ATE CAUSE (0 (A)	OR AS A CONSEQUEN	ICE OF		-			7
		ions, if any, whi		W Sha	0 100	00 1	INDE A			
	gove	rise ta immedia	ite / (b)	0 1110	6	ac 10.	CAT COTO	177.3		
	couse	(a) stating the <u>under</u> ause lost.		DR AS A CONSEQUEN	OE OF	ac 15.	- Sugar	100	NO.	di
,	lying c	(a) stating the unde ause lost.	(c) DUE 10, C	OR AS A CONSEQUENT		DITION GIVEN IN PART 1 to				
MOITA	lying c	(a) stating the unde ause lost.	(c) DUE TO C	+(VD	TERMINAL DISEASE OR CON				20 AUTO	PSY?
MOLEVIOR	lying c	(a) stating the undeause lost.  I SIGNIFICANT CONDITION OF OPERATION	DUE TO, CONTRIBUTING TO DEAL	TN BUT NOT BELATED TO THE	TERMINAL DISEASE OR CON	FORMED?			YES	_ (
CAL CERTIFICATION	PART 2 OTNEI	(a) stating the under ause lost.  I SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS	DUE TO, CONTRIBUTING TO DEAT	TIN BUT NOT BELATED TO THE	TERMINAL DISEASE OR CON OPERATION WAS PER	FORMED?	NTER NATURE OF INJURY IN ITEA	M T8 PART I OR PA	YES	_ (
MOITA DISTRIBUTION IN CONTRACT	PART 2 OTNEI	(a) stating the under ause lost.  ISIGNIFICANT CONDITION  PAL CAUSE WAS OR TITING ON CONTROL CAUSE C	DUE TO, CONTRIBUTING TO DEAL  19b. CONTINUE  21b. TIME: HOUR A  DF DEATH  21e. PLAC	TIN BUT NOT BELATED TO THE	TERMINAL DISEASE OR CON OPERATION WAS PER YEAR 216. HOW INJ	FORMED?			YES	_
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	PART 2 OTNEL  19a. DATE (  19a. DATE (  UNDERLYIN CONTRIBU  21a INJURY WHILE AT WORK	(a) stating the under ause lost.  I SIGNIFICANT CONDITION  DE OPERATION  NAL CAUSE WAS NG ORTING CAUSE OF OCCURRED NOT WHILE AT WORK	DUE TO, CONTRIBUTING TO DEAL  19b. CONTRIBUTING TO DEAL  19b. CONTRIBUTING TO DEAL  19b. TIME OF DEATH P.  21c. PLAC  STREET, F.	IN BUT NOT BELATED TO THE DITION FOR WHICH CO OF INJURY .M. MONTH DAY .M. 19 E OF INJURY (AT HOM ACTORY, FARM, ETC.)	TERMINAL DISEASE OR CON OPERATION WAS PER  ZIC. HOW INJ OSE. 211 LOCATION STREET  SUICIDE	JURY OCCURRED (E)  N  Inspection  Jamicide	NTER NATURE OF INJURY IN ITEA	co	YES	□ NO
	PART 2 OTNEL  19a. DATE (  19a. DATE (  UNDERLYIN CONTRIBU  21a INJURY WHILE AT WORK	(a) stating the under ause lost.  ISIGNIFICANT CONDITION  DEPOPERATION  NAL CAUSE WAS NG OR	DUE TO, CO  (c)  19b. CONT  19b. CONT  21b. TIME II  HOUR A  21c PLAC  STREET, F.	IN BUT NOT BELATED TO THE  DITION FOR WHICH CO  OF INJURY  .M. MONTH DAY  Y.M. 19  E OF INJURY (ATHOM  ACTORY, FARM, ETC.)	TERMINAL DISEASE OR CON OPERATION WAS PER  ZIC. HOW INJ OSE. 211 LOCATION STREET  SUICIDE	IURY OCCURRED (E)  Inspection Admicide U  LE (SPECIFY)	CITY OR TOWN  Inquiry, ndetermined manner	co	YES   DUNTY	□ NO
	PART 2 OTNEI  19a. DATE (  19a. DATE (  19a. EXTERI  UNDERLYII  CONTRIBU  21a I Lee  death resi  ACTUÁL  SIGNATUR  EXAMINER	(a) stating the under ause lost.  ISIGNIFICANT CONDITION  PAL CAUSE WAS NG OR	DUE TO, CO  (c)  19b. CONT  19b. CONT  21b. TIME II  HOUR A  21c PLAC  STREET, F.	IN BUT NOT BELATED TO THE  DITION FOR WHICH CO  OF INJURY  .M. MONTH DAY  Y.M. 19  E OF INJURY (ATHOM  ACTORY, FARM, ETC.)	TERMINAL DISEASE OR CON OPERATION WAS PER  ZIC. HOW INJ OSE. 211 LOCATION STREET  SUICIDE	IURY OCCURRED (E)  Inspection Admicide U  LE (SPECIFY)	CITY OR TOWN	and in my o	YES   DUNTY	□ NO
4 (32.54	PART 2 OTNEI  190. DATE (  190. DATE (  100.	(a) stating the under ause lost.  ISIGNIFICANT CONDITION  DF OPERATION  NAL CAUSE WAS NG OR	DUE TO, CO  (c)  INS CONTRIBUTING TO DEAL  19b. CONT  21b. TIME  HOUR A  DE DEATH  P  21e PLAC  STREET, F.  10rual courses  1123b. DATE	DITION FOR WHICH CO  OF INJURY M. MONTH DAY  A.M.  EOF INJURY (ATHOM ACTORY, FARM, ETC.)  Accident,  23c. NAME OF	TERMINAL DISEASE OR CON OPERATION WAS PER  ZEAR  ZEC. HOW INJ.  ZEAR  ZEL HOW INJ.  ZE	IN Inspection Stamicide Utility (SPECIFY)	Inquiry, ndetermined manner MEDICAL EXAMINER LOCATION CITY OF TOWN	and in my of , , DATE SIGNI	YES DUNTY  PINION  ED 5	STATE
230	PART 2 OTNEI  190. DATE (  190. DATE (  100.	(a) stating the under ause lost.  ISIGNIFICANT CONDITION  DF OPERATION  NAL CAUSE WAS NG OR WHILE AT WORK  TITING CAUSE CO Y OCCURRED NOT WHILE AT WORK  TITING THE LATE OF THE OR	DUE TO, CONTRIBUTING TO DEAL  19b. CONTRIBUTING TO DEAL  19b. CONTRIBUTING TO DEAL  19b. CONTRIBUTING TO DEAL  21b. TIME 1 HOUR A  21c PLAC STREET, F.	DITION FOR WHICH CO  OF INJURY M. MONTH DAY  A.M.  EOF INJURY (ATHOM ACTORY, FARM, ETC.)  Accident,  23c. NAME OF	TERMINAL DISEASE OR CON OPERATION WAS PER  ZIC. HOW INJ. OPE.  ZII LOCATION STREET  SUICIDE  AUTOPSY  SUICIDE  AUTOPSY  TIT  AND.  CEMETERY OR CREA  Memorial	Inspection Stamicide Use (SPECIFY)  WATORY 1756. DATE REC'T	Inquiry, ndetermined manner MEDICAL EXAMINER LOCATION CITY OF TOWN	and in my on	PUNITY  PINION  ED 5	O N



## STATE OF MARYLAND

WIDOWED

1982

25 HOUR

5:20

- STATE REGISTRAR		DEPAI	TERTIFICATE OF DE		8	2
REGISTRAR			CERTIFICATE OF DE	A111		REG. I
PECEASED NAME	FIRS1	MIDDLE	LAST	2a DA	TE OF	DEATH

Elizabeth Berthel 4 RACE 5. DATE OF BIRTH MONTH female white 17, 1918 Oct.

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

U.S.A.

MARRIED TO NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

3701 Patterson Ave.

12.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) County General Hospital Home Maker 13e STREET ADDRESS

126 KIND OF BUSINESS OR

13ª STATE MD 4 FATHER'S NAME

CERTIFICATION

BIRTHPLACE (STATE OF FOREIGN

Randallstown

Virginia

18 CITY OR TOWN OF DEATH

Allman ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and

Balto.

Edwards 166 SOCIAL SECURITY NO.

058-14-9692

Locheam

Elizabeth 17 INFORMANT

Mr. John Berthel

15 MOTHER'S MAIDEN NAME

Butler ADDRESS 3701 Patterson Ave.

Balto, Md. 21207 6 mos

Conditions, if ony, which gave rise to immediate cause (a), stating underlying cause

PART I. DEATH WAS CAUSED BY

Muioseliablic heart dislace DUE TO, ORAS A CONSEQUENCE OF Melitus

30 Gears TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

90 DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY3 NO

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

Cremation

P.M. 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC )

HOUR A.M. MONTH DAY

21b. TIME OF INJURY

211 LOCATION

saw the deceased plive on. 226 SIGNATURE

NOT WHILE

22a. I certify that (1) (thus hospital) attended the deceased from

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF FRIEND

Westview Crematory

Maryland General Hospital

and that in (my) (qual) apinian death accurred on the date and hour and from the causes stated

Dr. Cedric Bryan 23a BURIAL, CREMATION, REMOVAL 23b DATE

23c NAME OF CEMETERY OR CREMATORY

Westview

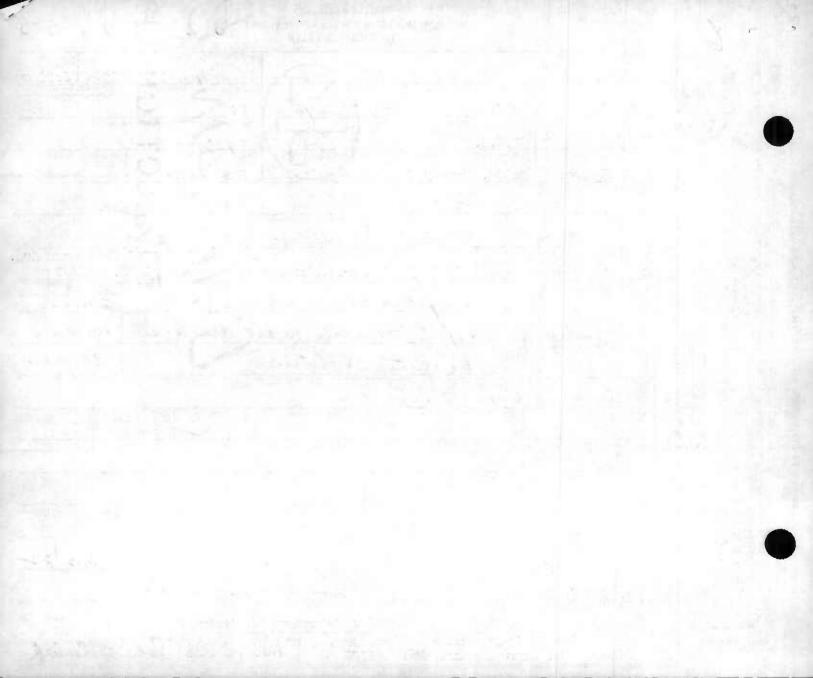
Balto.

(VRA 15, 4)

Loring Byers Funeral Directors, 8728 Liberty Rd. Randallstown, Md.

8/13/82

DHMH - 16 50M 1/81



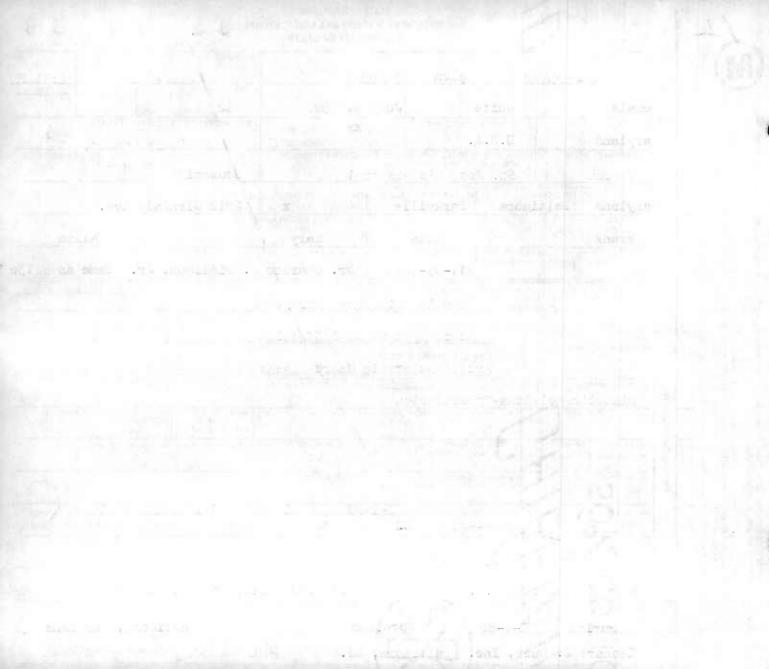
STATE OF MARYLAND

of Hine healthair 2.201 telothia=1.218747524 EN 2. HOURS OF THE STATE OF THE - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Eline Funeral Home Reisterstown, Md. 21136

(VRA 15, 4)

( Barces

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

married by the state of the sta doing describe of complete or office LEVINE CONTROL OF THE PARTY OF THE PARTY OF Tatrick Control of the Control of the Control liter Suserul Home Seleteratorn, Ed. 27136 - per

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR I. DECEASED NAME

- STATE

YES T THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 8.16.82 Burial Baltimore, Maryland Oaklawn Cem. 24 FUNERAL DIRECTOR Schimunek Funeral Home 3331 Brehms Lange 21213

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

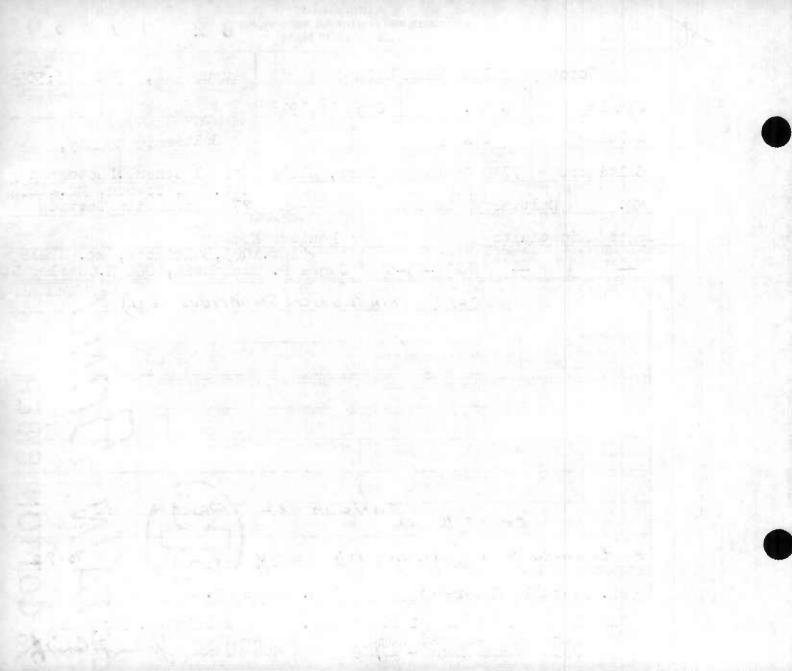
CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

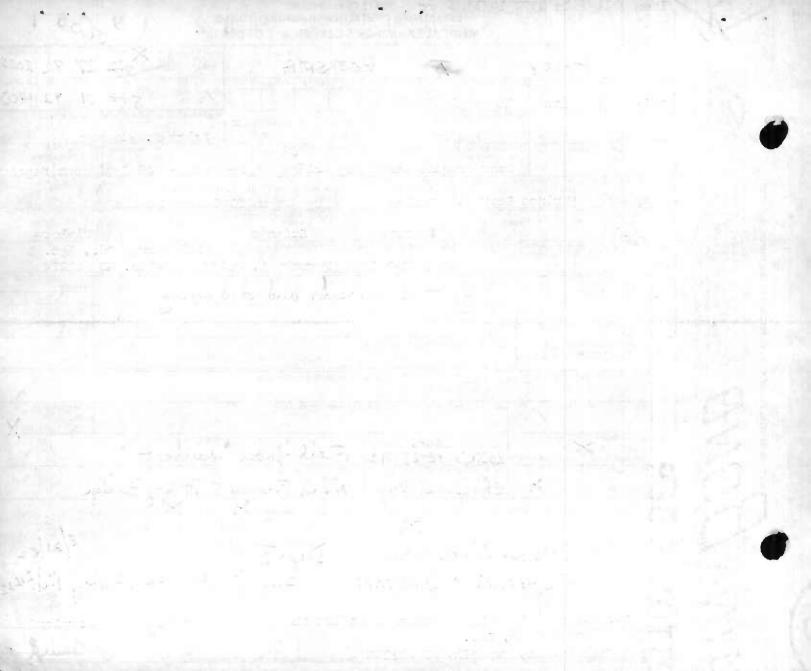
26 HOUR

APPROXIMATE INTERVAL

IF UNDER I YEAR



1	/, I		Film G57	2 10/13/	82 rc st		AARYLAND					
1	11.	FOR		D	EPARTMENT OF	FHEALTH	I AND MENTA	LHYGIENE	1	19	106	
10		REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEA	TH* REG	NO.	CO	
		ECEASED NAME	FIRST		WIDDIE		LAST	2	B. DATE KNOWN		DAY YEAR	2b. HOUR
28.48.W		PE OR PRINT)	HARRY		T.	-	rsma		OF ESTI-	- 10	28 1,82	2020
HOEFE	2.58	X 4		DATE OF BIRTH	YEAR LAST BIRTH		NDER 1 YR. IF UND	DER 24 HRS. 2	RONOUNCED	MONTH	DAY YEAR	2d HOUR
\$ 500 SE	M	ale	White	10 5	7075 00	YRS.	NO PARS	MIN I	DEAD	8+5	31 1992	1400
A. Ashibit		OREIGN COUNTRY)	TE OR 76	CITIZEN OF WH	AT COUNTRY?	8. MAPP	IED   NEVER MA	PRIED T	BALTIMORE CIT	Y OR COUNT	OF DEATH	
TACES!	/	olland		Hol	land V	WIDOV		ORCED 🔲	Baltimo	re Coun	+ 17	440
25 20 2		ITY OR TOWN O	F DEATH 11	I. NAME OF HOSP	ITAL, NURSING HOA	ME, OR OTH	IER INSTITUTION		AL OCCUPATION	(TYPE OF WORK	26 KIND OF BU	
\$ E A E 8/3	11		1		ancis Scot		Bridge		OST OF WORKING LIFE)	CTI TI	OR INDUST	
- NEW WOOD				THER INSTITUTION, GIVI	E RESIDENCE BEFORE ADMIS	SION)			wner - B	an Equi	pment R	epair
8 35528		aryland	13b, COUNTY	Coommal	13c. CITY OR TOWN		13d INSIDE CITY LIMITS		ET ADDRESS			
O WOOD	_	ATHER'S NAME	Trince	George's	Lanham		YES NO		1 Dray B	rooke		
# H-1804/	1	FIRST	M	AIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
25 × 5 5	4	Frank			Boersma	*	Stien	je			Niebor	
W W W W W W	7 160	WAS DECEASED YES, NO, OR UNKNOW	EVER IN U.S. ARMED	O FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		8391 MB	fven Rd	., Apt.	L
A ANTAR	No	2			212-62-78	326	Dorothy	A. Wol	ff - Bai			
S S S S S S S S S S S S S S S S S S S		18 CAUSE OF	DEATH (Enter only o	ne couse per lige f	or (o); (b), and (c).		. (				APPROXIMATE BETWEEN ONSET	INTERVAL
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		PARTIDEA	TH WAS CAUSED BY	Police	cute sur	mero	non and	dio	ununq		BETWEEN ONSE	AND DEATH
5 4E08E0		832	O		AS A CONSEQUENCE	E OF			O			
日本 日			if ony, which	100								
W. PANER S.			to immediate	(b)	AS A CONSEQUENCE	E OF						
Z AXX B		lying couse		July 10, OK	TO A CONSEQUENCE	. 01						
NAME OF STREET		PART 2 DINER CIGN	ELCANT CONDITIONS CON	(c)	UT NOT RELATED TO THE TEL	BANKAL BICTIC	T DA CONDITION CONT.					
PA PENE	z	T AM 2 O MER SION	WICKEL COMPILIONS COM	TRIBUTINO 10 SEATH BE	OF HOL KELATED ID INE IEI	EMINAL DISEAS	E OK CONDITION GIVEN IN	PART 1 (g)				
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F TO STATE	- 5	21a EXTERNAL	CALISEWAS	216. TIME OF	INTERPO						YES 🗌	NO N
Q AMEGEO	2 8	UNDERLYING		HOUR A.M.	MONTHEDAY YEA	AR .	OW INJURY OCCUI	RRED (ENTER NA	TURE OF HAURY IN ITEA	18 PART I OR PART	2)	
	1 5	CONTRIBUTING	CAUSE OF DEA				-ex	on o	saulton	1		
A ANDREAS	9	21d INJURY OC		21e PLACE O	RY FARM ETC		CATION V		CITY OR ROWN	cour	NEW	STATE
SARANAS D	5		NOT WHILE AT WORK		eake Bay	1 1	lear Fr	ancu s	Softke	4 Bude	K	SIAIL
THE THE T			that I took charge of	t the remount docs	ribed obove, held on		sy . Inspec		NO '	0	0	
ZOT DE	2	death resulted						1	Inquiry 🔼	and in my opin	lion	
AE BEREIT	9	deam resoned	from: Notural c	ouses	Accident	ovicide	, Homicide L	J. Undefer	mined monner		0/	,
* S S S S S S S S S S S S S S S S S S S		ACTUAL	I. Came	VA -	pnovan		TITLE (SPECIEX	An		DATE	9/31	53
25775M	7	SIGNATURE	4. C3(0 \$3)	m. 0 6	2100/00/	M	D	MEDIC	CAL EXAMINER	SIGNED		4
TO MEDICAL IS EXECUTE THE TO FLORE AND A FIEB DEATH.	1	EXAMINER'S N	AME J. CRO	(naze	avonoli c	W	211	2 0	Julk A	~ R.O	L Mr	212,
A S S S S S S S S S S S S S S S S S S S	22- 6		ON, REMOVAL 23b. I				ADDRESS	100		- 300	0. 1.0	27
MANA	230.6	SPECIFY)			23c. NAME OF CI			23d. LOC	RTOWN	COUNT	Y ST	ATE
NUCU BP	24 5	Crema		9/1/82	Green Mo	ount (	Crematory		Baltimore REGISTRAR 256 RE		Marylar	nd
DHMH - 17	1		Duda-Ruc					London .		7 0	Cario	A
(VR A15 ME (5))		7922 Wis	e Avenue,	Dundalk	, MD 212	22	S	C	1982	sand	- want	



STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	9	1	6	
CERTIFICATE OF REATH	9	Street, Co.			-	

	1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND M		0 4	G. NO.	9	7	6	2
		CEASED NAME FIRST	hristina	BOL	STER	LAST		Augus	t 4, 19	982	YEAR	2b ног 8:3	
	3 SE	Female	4 RACE White		5. DATE MONT		YEAR 88	6 AGE (IN YEARS LA	YRS	IF UNDER	DAYS	IF UNDER	R 24 HRS
Ì	5	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA	WHAT COUNTRY?	WIDOW		ORCED		imore C	Count	у		MD.
1	I	ITY OR TOWN OF DEATH	Frank	OSPITAL, NURSING HEACILITY, GIVE STREET A Lin Squar	e He		TUTION	120 USUAL OCCL (TYPE OF WORK FOR A Homemak	NOST OF WORKING	UFE) 12b.	USIRY	F BUSIN	
5	1Ja S	AL RESIDENCE (IF NURSING HOME OF STATE Md		GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Baltimor			NO 🗆	5003 Co	ess nant Wa	y			
0			-	khuktz			MAIDEN NA IRST <b>Lary</b>	ME Elizab	0.00	Bei	tze]	L	
2		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214-44-6		17 INFORMAN		6327 ABolster	Moxika Balto				
		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	) (0)	Pneum  AS A CONSEQUE  AS A CONSEQUE	nce of atio	n of vom	i tus	mat					
	NOIL	PART 2 OTHER SIGNIFICANT Arteriosc	lerotic	heart dis	eath But	NOT RELATED T	O THE TERM	AINAL DISEASE OR	CONDITION GI	VEN IN P	ART 110	) ·	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE IFYING C 'ES []			TH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	ATH HOUR A.A	A. MONTH DA	Y YEAR	711 LOCATION		RED (ENTER NATURE O	FINJURY IN ITEM 18	PART 1 OR F	PART 2)		
	ME	270 I certify that (this hasp	(AT HOME STRE	EET, FACTORY, OFFICE, FA		STREET	10 82		aust 4	COU	82	h-4 x 1/	STATE
,		SOW THE decreased alive or above. If two light i do No. 27th SIGN # THE PROPERTY OF THE PROPER	August O4	4 19 19 19 19	82 .	nd that in (m) (c		death occurred an t	he date and ha		. DATE S		
	73- 0	Michael  BURIAL, CREMATION, REMOVAL		22. 21	AME OF			lin Square		2123	7		
		(SPECIFY)  Burial	8/7/8			DEMETERY OR CR	EMATORY	23d LOCATION CITY OF TOV		COUNT	γ	Md	STATE

DHMH-16 50M 1/81 (VRA 15, 4)

Burial 8/7/82 Loudo
14 FUNERAL DIRECTOR Witzke, P.A.
1630 Edmondson Ave Baltimore, Md.

21 228

Baltimore

Md

250. DATE REC'D. BY REGISTRAR 256 AT GISTRAR'S SIGNATURE AUG 06 1982

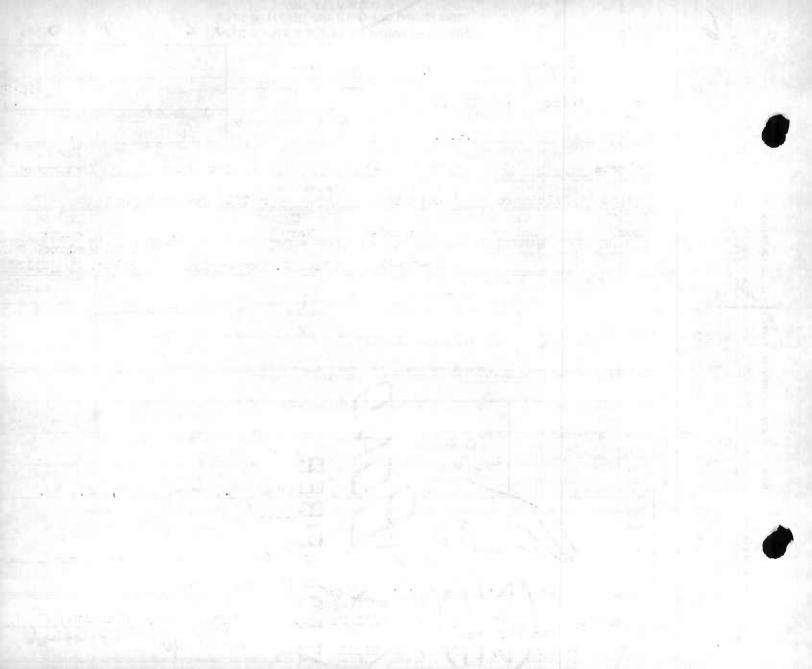
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5	1 -	FOR STATE REGISTRAR				CERTIF	EALTH AND MENT	TH	REG.		1 9	1	6 3
e oth		CEASED NAME OR PRINT)	JOHN		CARRO		E	2	a. DATE OF DEATH	8 8	22	1982	12:17
edor, poge	3. SE)	MALE		4. RACE WHITE		AUGUS	F BIRTH 192		AGE (IN YEARS LAST		MONT	NDER I YEAR	IF UNDER 24 HRS
merol dir	(	RTHPLACE (STATE OR FO OUNTRY) RYLAND	OREIGN	76. CITIZEN OF USA	WHAT COUN	MARRIEI WIDOWE		CED 🗆	BALT I MO	RE (			MD.
filed with		TOWSON		GBMC SU	6701° 1	V. CHAR	LES ST.		TYPE OF WORK FOR MOS SALESMAN	ST OF WORKI	NG LIFE) 1	126. KIND OF INDUSTRY COMPUT	F BUSINESS OR FER
illed in	13a. S	AL RESIDENCE (IF NURSA TATE MD.	IS COUN	OTHER INSTITUTION ITY	13c. CITY OR BALTI		13d. INSIDE CITY LI	IMITS?	8. STREET ADDRES	SAND S	SPRI	NGS DI	R. 21210
and 2 st	I4 FA	THER'S NAME FIRST		RR <b>OLL</b>	BOON		15. MOTHER'S MA ANNE	IDEN NAME	MIDDLE			McCOUI	RT
Poges I	10	VAS DECEASED EVER (ES NO OR UNKNO WN) ES		E WAR OR DATES)		SECURITY NO. 0-1751	FRANCES	S. BO		ROL	AND :	SPRING	21210 GS RD.
ending physic corbonpope n, or removal. motic event, th		1532	MWEDIAI	E CA05E (0)			IRATORY SIGMOID					BETWEEN	MATE INTERVAL NISET AND DEATH
id by the offerse remove riol, cremotion or other froum		couse (0), stoting underlying couse	ediote g the lost.	DUE TO, C	EXT DR AS A CONS	ENSIVE SEQUENCE OF	LIVER M	ETAST	ASIS				
s been signe ermit. Then p prior to bur s ony injury.	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO		200 AUTOPSY?	20b. II	F YES, W	ERE FINDIN	
certificate harringly property pental Hygiene tem 18 show		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	177		H DAY YEAR	21c. HOW INJURY	Y OCCURRED	YES NO		YES [		но 🗌
e os the buri	MEDICAL	21d. INJURY OCCURR	ED	21a. PLACE	OF INJURY	FFICE, FARM, ETC }	21f. LOCATION STREET	00	0.00	RTOWN	8	COUNTY	STATE
		22a.1 certify that (1) sow the decease above, (1) (we) (d	d ollee on			7-28 19 82	d that in (my) (our)	9 <mark>82</mark> ) opinion de	oth occurred on the		, 19_ I hour on	d from the c	that (I) (we) lost couses stated
AL DIRECTOR: detoched for us ofe Dept. of He II. If Hem 21 is		226. SIGNATURE	alie			6		NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN		8/2	22/82
should be deto with the Stote [ IMPORTANT: #		DR. P	J PAT				GBMC 6	701 N	CHARI	FS	SI	TOWS	SON 2120
7 4 3 8 ·		BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	23b. DATE AUG. 25	,1982		EMETERY OR CREM	AATORY	23d. LOCATION		ILLË	BALT	O. MD.
- 16 50M 4/B2 VRA 15, 4)		INERAL DIRECTOR NAME ITCHELL-WI	EDEFE	LD HOME	6500 ADD	RESS		250. DAL	•	-		rs Jenes	

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20M 4/82

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

										REG. N					
	CEASED NAME	FIRST	1	MIDDLE	L	AST			20 DATE C	F DEATH()	BONTE	1082	YEAR	20HO	20 1
4116	CORPRINT)	THOMA:	5	A	BRAI	TUV					8 /1	17/8	82	10	:20 M
3. SE	X	4	RACE		5. DATE O				AGE (IN	YEARS LAST BI	THDAY	IF UND	ER TYEAR		R 24 HRS
	Male		Whi	te	MONTH 3	9 DAY	191		68		YRS		DAYS	HOURS	MIN.
	IRTHPLACE (STAT	TE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AA A PRIET	M NEVE	ER MARRIE	D []	BALTIM	ORE CITY O	R COUN	TY OF D	EATH		
	ltoona,	Pa.	U.S.	Α.	WIDOWE		DIVORCE		BALI	IMOR	E CC	TUUC	Y		MD
-	ITY OR TOWN OF TOWSON		ST JO	HOSPITAL, NURSING SEPH HOS	SPITA		NSTITUTIO			OCCUPAT		UFE) IN	KIND O DUSTRY		
13a	Md.	Harfo	Y	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Kingsvil	4 1	13d. INSID	E CITY LIM		130 STREET	ADDRESS Old J	oppa				
14 F/	Hugh	F. "	DDLE	Brandt			ER'S MAID FIRST	ENNAM	E	MIDDLE O.		В	aun	ī	
16. 1	WAS DECEASED E		ED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFOR	MANT			ADDR	ss 1	806	01d	Jong	a Re
			WAR OR DATES			A								- 4 4	
w (		DEATH (Enter anly	RV.	171-07-6	(C)		. Ger						APPROXI. BETWEEN		
0	Conditions, if gove rise to couse (a), s underlying co	DEATH IEnter only If WAS CAUSED IMMEDIATE  any, which immediate stating the ause last.	BY: CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)	Ine for (0), (b), and CARCINOM  R AS A CONSEQUEN  R AS A CONSEQUEN	IA OF	THE	E COI	LON	WITH	MET	ASTA	SIS	APPROXI BETWEEN C	MATE INTE	
1	Conditions, if gove rise to couse (a), s underlying co	DEATH IEnter only If WAS CAUSED IMMEDIATE  any, which immediate stating the ause last.	BY: CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)	Ine for (a), (b), and CARCINON	IA OF	THE	E COI	LON	WITH	MET	ASTA	SIS	APPROXI BETWEEN C	MATE INTE	
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w (	Canditions, if gove rise to cause (a), sunderlying counterlying counterlying counterlying CACCIDENT WAS OR CONTRIBUTING	DEATH Enter only IH WAS CAUSED IMMEDIATE  any, which immediate stating the ause last.  SIGNIFICANT CO	BY: CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)  DNDITIONS CC	Ine for (b), (b), and CARCINOM  R AS A CONSEQUEN  R AS A CONSEQUEN  DITION FOR WHICH CO  F INJURY  M. MONTH DAY	NCE OF	THE	E COI	LON E TERMIN	WITH NALDISEA 200 AUT YES [	MET  SE OR CON  OPSY?	DITION C	GIVEN IN	PART 100	MATE INTE DISELANI IGS USE OF DE A	RVAL D DEATH D DEATH

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

22e ADDRESS

ATTENDING PHYSICIAN

N.A.

O FUNERAL DIRECTOR. 22d PHYSICIAN'S NAME

> (SPECIFY) Burial

236 BURIAL, CREMATION, REMOVAL

- STATE

8-21-1982

ESCALANTE

23d LOCATION
Altoona

MEDICAL STAFF
DIRECTOR PHYSICIAN

Pa.

22c. DATE SIGNED

24 FUNERAL DIRECTOR E.F. Lassahn 11750BelairRd. Kingsville, Md. 21087

236 DATE

saw the deceased alive an AUC above VI) (we) (did) dad on viview

Belair

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

certificate has been

resident to the state of the st all transfer also for the terms of the second transfer and transfer and the second transfer and t The state of the s Account to the second And with The state of the s STATE OF MARYLAND

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	19766
۱	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	10.11001
	CLEA	MENT MA)	K BRICHONT	8	17 82 6 PM
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	MALE	White	10 26 188		YRS.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	France	U.S.A.	WIDOWED DIVORCED	J Daletinelo C	
7	Towson	III. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  YARKS  HD S PICE	(17PE OF WORK FOR MOST OF WORK  Salesman Ce	126. KIND OF BUSINESS OR INDUSTRY  metery Monuments
5	SUAL RESIDENCE (IF NURSING HOME) 136. STATE Maryland	OUNTY 13c. CITY OR Balti	TOWN 1136. INSIDE CITY LIMITS?	130. STREET ADDRESS 4906 Alson	Drive
1	14. FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN N		Nicce
Š	160 WAS DECEASED EVER IN U.S.	. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	
6	(15 YES, NO OR UNKNOWN) (15 YES	S. GIVE WAR OR DATES)	5-2244 A Robert T. H	Randall 201 Ba	ybourne Drive
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (a)  DUE TO, OR AS A CONS  (b) ADVA  DUE TO, OR AS A CONS  (c)	ICED ARTERIO SELET	ROTIC CARDIO-UL DISE AS	
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETING ALL SAME 21d. IN JURY OCCURRED	F DEATH HOUR A.M. MONTH	211. LOCATION	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)  COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, O	E. PARM, ETC		
	saw the deceased alive	aspital) attended the deceased to an SIKo do not) view the bady after wath.	0.3	. 10	nd haur and fram the causes stated
1	22b. SIGNATURE	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [	221. DATE SIGNED
	224 PHYSICIAN'S NAME (TO	PPE OR PRINT)	UDA 220. ADDRESS		
	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial		23c. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	Maryland State

DHMH - 16 50M 4/82 (VRA 15, 4)

Holy Cross Cemetery Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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STATE	OF	MADY	LAND
SIMIE	Ur	MAKI	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH White Dec. 6, 1895 Female 86 TO BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsulvania U.S.A. Baltimore County WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Randallstown Convalescent Center Telephone Operator Met Ed Randallstown UAL RESIDENCE (IF NUR 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Readina Chestnut Street Berks Penn YES 🗌 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Barbara Heckman Charles Henru Bera 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Randallstown ADDRESS Mary Land IYES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 170-05-1853A Robert A. Brinker 3806 Brentford Rd. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (a) and (c) PART I. DEATH WAS CAUSED BY

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE COLLEGE ONE	luly
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NOM

IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIEY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, EACTORY OFFICE FARM, ETC.) CITY OR TOWN

220.1 certify that (1) (this hospital) attended the deceased from.

sow the deceosed alive on, above, (1) (we) (did) (did == and that in (my) (our) opinion death occurred on the date and hour and from the causes stated onv ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 8/23/82

23c. NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS

NOT WHILE

Dr. Daniel Wilfson

230. BURIAL, CREMATION, REMOVAL 236. DATE

3502 W. Rogers Ave.

PHYSICIAN DIRECTOR PHYSICIAN

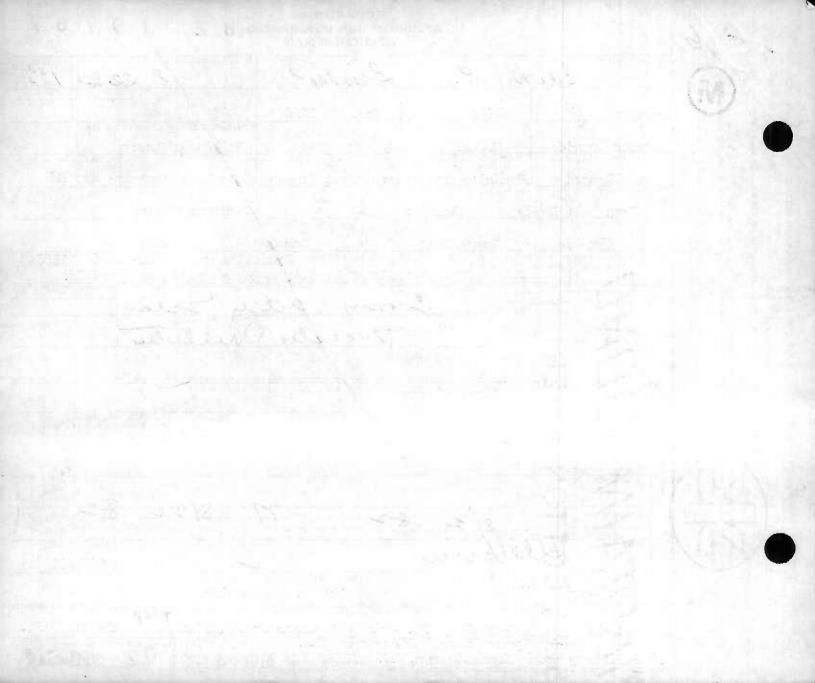
23d LOCATION

St. John's Gernants Cem. Onte launee Berks 8-25-82 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

MEDICAL



à

or Item 18

MPORTANT

DHMH - 16 50M 1/B1

(VRA 15, 4)

WEDICAL

3/	FOR STATE REGISTRAR		
m 6	1. DECEASED NAME	FIRST	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	KEOISTKAK				REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT)		orene Br	rinkley	August 11,		26 HOUR
							M
1	3 SEX	4 RACE	MO	OF BIRTH  NTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	White	A	or. 2 1895	87	'RS	
13	To BIRTHPLACE (STATE ORI	TOREIGN 76 CITIZEN OF	WHAT COUNTRY?	IED NEVER MARRIED	Baltimore C		
Õ	Timonium	ATH 11. NAME OF	HOSPITAL, NURSING HOMI CHFACILITY, GIVE STREET ADDRESS) Sep Dale Rd.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemake)	ING LIFE) INDUSTRY	MD.  OF BUSINESS OR
1	USUAL RESIDENCE (IF NURS 13a STATE	136 COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
2	Md.	Balto.	Timonium	YES NO X	232 Deep Da	le Rd.	<b>Fimoniu</b>
20	Edward	Woodley	Morris	15. MOTHER'S MAIDEN NA Mary	Virginia	Warren	ST.
1	168 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO 231-10-0118		ADDRESS by B. Garrison	Rd. Ti	monium
	18 CAUSE OF DEAT PART I. DEATH W	IMMEDIATE CAUSE (0)	line for (o), (b), and (c)	Truction Pulm		BETWEEN	IMATE INTERVAL ONSET AND DEATH

Conditions, if ony, which gove rise to immediate ioi, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

21d INJURY OCCURRED NOT WHILE 220 | certify that (I) (this haspital) attended the deceased from

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC )

P.M

211 LOCATION

and that in (my) (and) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

sow the deceased alive on\_ obove, (1) (we) (did) (did sot) view the body ofter death

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

COUNTY

Kevin Quinn, M.

23b. DATE

NAME (TYPE OR PRINT)

22e ADDRESS

1205 York Road, Lutherville, Md.

Burial

230. BURIAL, CREMATION, REMOVAL

8/14/82 24 FUNERAL DIRECTOR

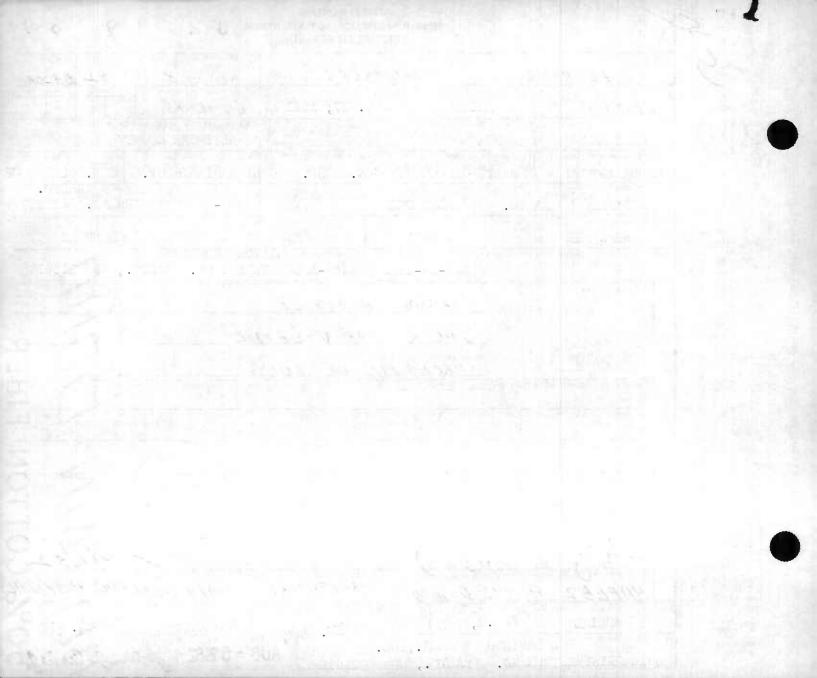
23c. NAME OF CEMETERY OR CREMATORY

Forest Lawn Cemetery Norfolk, Virginia

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd.

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STATE OF MARYLAND



FOR STATE

## STATE OF MARYLAND

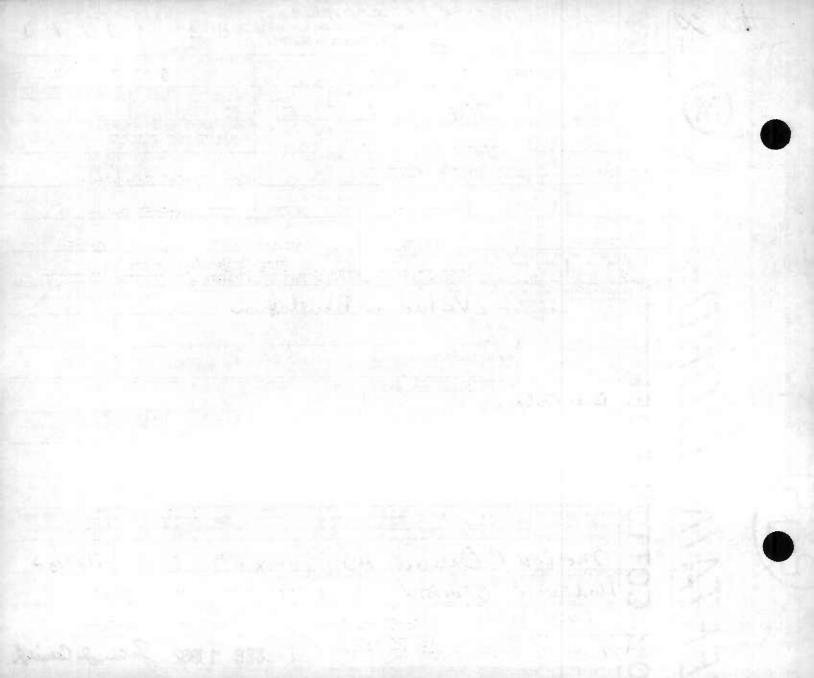
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

2

9 1 7

REGISTRAR				CERTIF	CATEOFI	ZEATH	REC	NO.		
1. DECEASED NAME	FIRST		MIDDLE	1,	AST		2a DATE OF DEAT		DAY YEAR	2b HOUR
(TIPE OR PRINT)	BERNAR	SD CD	G	BROWN				9-27	-82	12:25pm
3. SEX	4.	RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
Male		Wh	ite	MONTH	23	47	41		MONTHS DATE	S HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN 78		WHAT COUNTR		20	7.1	9 BALTIMORE CIT	Y OP COUN		
COUNTRY	0.10.10.10.10.10.10.10.10.10.10.10.10.10			MARRIED	NEVER !		BALTIMO	_		
CITY OR TOWN OF	25.4.711	U.S		WIDOWE		VORCED [				M
	DEATH		HOSPITAL, NUR		R OTHER INS	TITUTION	12a USUAL OCCUP			OF BUSINESS OF
TOWSON				SPITAL			Ret. Soc	ial Se	curitu	
USUAL RESIDENCE (# N	PL COUNTY		134. CITY OR TO		13d. INSIDE C	TV HAAITS2	13e STREET ADDRE		0	
MD	Carro		Taneyto		YES T	NOXX	139 Ca		Dogiana	
4 FATHER'S NAME						S MAIDEN NA		The Date	DITUE	
Agustav		DDLE	Dan on	Date :	2.4	FIRST	WIOOF	E		AST
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& Ren	al Fail	1401								
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DHMH - 16 50M 1/81 (VRA 15, 4)



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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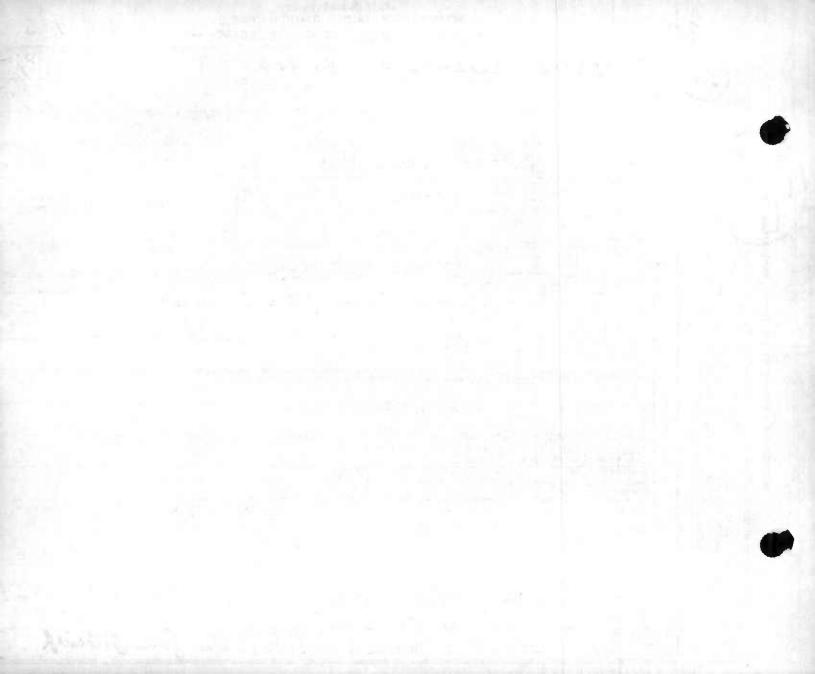
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ral-transit protection into Hygier fem 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB P	PART   OR PAR	1 2)	
s the burn ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY OFFICE F		211 LOCATIO STREET	N	CITY OR TOW	VN	COUNTY	Y	STATE
TOR: Affor use of Health		220 I certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no				d that in (my) (	., 19 (our) opinion d	eoth occurred on the do	te and hou	19		(I) (we) lost
RAL DIREC detached tate Dept. NT: If Item		226. SIGNATURE	LW E	y affer death.	C	E GREE A	TTENDING PHYSICIAN	MEDICAL STAF	F IAN V	22c D	PATE SIG	NED 82
TO FUNERAL should be det with the State IMPORTANT:		224 PHÝSIČIAN'S NAME (TYPE O				22e ADDRESS		N. CHARLES	STRI	FFT 2	1204	
P	230 E	URIAL, CREMATION, REMOVAL		23c N	AME OF CE	METERY OR C		23d. LOCATION BALTO	0	COUNTY	C	למים.
- 16 50M 1/81 RA 15, 4)		INERAL DIRECTOR EWELL FUNE	RAL H	OME PIKE	SVIII	E MT	250_ AJ	G P 5 19 STRAR	ST RECHST	PAGE SIG	NATURE	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN N 2e. DATE (TYPE OR PRINT) ESTI-BESSIE DEATH MATED 198 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Female White DEAD 195) 6 1889 93 YRS June 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED\_L Maryland

10. CITY OR TOWN OF DEATH DIVORCED Baltimore County 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V OR INDUSTREST
Decker S 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFET Howard The Aves 21221 Essex Cook USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 MINTE Baltimore 13c ESSEXWN 13d INSIDECTLY LIMITS 13e. STREET ADDRESS 1640 Howard Ave. 21221 NO T DIVISION OF WITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST AND Boulden William Not Known 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Bradenton, FL 33507 (YES, NO, OR UNKNOWN) Burns 6023 2nd St. W. 218-09-0415 Harold No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL LEGITATION PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19e. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? A DEPARTMENT OF YES NO BE ICATE, WRITING THE WC FORWARDED TO THE OF TORE OF THE OF TORE OF THE OF 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEARD DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET FACTORY FARM FTC 1 STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK Inspection Inquiry X 22a I certify that I took charge of the remains described above. Feld an Autopsy and in my apinion Hamicide death resulted fram Undetermined manner TITLE (SPECIFY ACTUAL 8 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS 23s BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Cremation Maryland /82 Green Mount BP 24 FUNERAL DIRECTOR DHMH - 17 Duda -Ruck Funeral Home of Dundalk, Inc (VR A15 ME (5)) 15M 2/80



DHMH-16 30M 2/80 (VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Kathlean DECEASED NAME 20 DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12ª USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY W. Deminar APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? NO I YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE \_19<mark>82\_\_\_, and that an (my) town opinion death occurred on the date and hour and from the causes stated</mark> 22c. DATE SIGNED PHYSICIAN evil 24\_FUNERAL DIRECTOR 250. DALE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HYGIE CATE OF DEATH	NE 8 2		9 7	7 7
		CEASED NAME FIRST	MIDDLE	anl	N 1		MONTH DAY	YEAR 1	TO F
d deep l' deep	3. SE	X HRIHUR	RACE	5. DATE O	F BIRTH	AGE (IN YEARS LAST BIRTI	HDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
1/41		Male.	CHITE	O/	DAY YEAR OS	79	YRS.	THS DAYS	HOURS MIN
		OUNTRY)  OUNTRY)  ON FOR Y. A.	U.S.A	MARRIED WIDOWEI	NEVER MARRIED	BALTO. C	R COUNTY OF	DEATH	MD.
90	10 C	OLTO CXXXXX	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD  SEW ISH CONYA)		1 11 1 1/	SHIPPINGPAD (LYPE OF WORK FOR MOST OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	F WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR NAVY
filled of	USU 13g. <b>XX</b>	AL RESIDENCE OF MERSING HOMEOROS STATE VIRGINIA COUNT XXXXXXXXXX	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A 130 CITY OR TOWN HAMPTON	DMISSION)	13d INSIDE CITY LIMITS? 1	35ReeELJZAB	ETH RD.		
ompletely and 2 sh	14. F.	SIMON M	CA'PLAN		15 MOTHER'S MAIDEN NAME RACHEL	WIDDLE	GL	ASSER	
Poges I		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) NO IF YES, GIVE Y		5600	MRS. RAY STER	N 3820 COR		D. (212	07)
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equire n signe Then p r to bu	NO	PART 2 OTHER SIGNIFICANT CO	DIVIDING CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
the law rion.  that has been the permit.  The permit.	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH O	PERATION	WAS PERFORMED	YES NO 🔀	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED F DEATH?
SICIAN: T ng physici certificate vial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)	
G PHY ottendirect this sthe burner ond M ked or	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	IM, ETC.)	211. LOCATION STREET	CITY OR TOW	IN Lan	COUNTY	STATE
TTEND pital a TOR: J for use of Hea		270.1 certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did not)	8/1/1	( <del>)</del> -	d that in (my) (our) apinion de	oth occurred on the do	te and hour or		ot (I) (we) lost uses stated
OR e ho		27b. SIGNATURE		ルウ		MEDICAL STAP	F IAN 🗍	22c. DATE SI	GNED / +2
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DHMH - 16 50M 7/77 (VR A 15 (4))		UNERALDIRECTOR SOL LE 010 Reisterstown	Rd. Baltimore.	Md . (2		REC'D. BY REGISTRAR	250 REGISTRAF	00	will

STATE OF MARYLAND

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STATE OF MARYLAND

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1. DECEASED NAME

REGISTRAR

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/81 (VRA 15, 4)

12b. KIND OF BUSINESS OR LIVE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Executive—Commercial Credit 13801 York Road Holm Mrs. Ingrid C. Heroy, Towson, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CALCINOMA OF PROSTATE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 8. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Burial Pikesville, MD 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

20. DATE OF DEATH

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(VRA 15, 4)

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	1.	STATE OF MARYLAND  FOR STATE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 / 8				
		CEASED NAME FIRST ARTHUR	MIDDLE	CARTER	20. DATE OF DEATH MO	P-4-82 438
	3. SE.	Male	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR  24 06	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER THES MONTHS DAYS HOURS MIN.
19		INTHPLACE ISTATE OR FOREIGN COUNTRY)  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DI	Baltimore	County MD.
55	R	andullstown  ALRESIDENCE (IF NURSING HOME OR	Balto. Co. G	en. Hosp.	120 USUAL OCCUPATION	
36	130. 5	STATE 13b. COUN Baller'S NAME	TY 13c CITY OR TOV		130 STREET ADDRESS	w Bend Or.
30	160 V	John VAS DECEASED EVER IN U.S. AR	R Carte	er Cora	ADDRESS	Smith
		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 223-1	2-4530 Lexie (	Carter 12	9 Willow Bend Dr.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or ones reconditions event,	MEDICAL CERTIFICATION	PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	BRO-VAS CULCA		ION GIVEN IN PART 110 /,
9		190 DATE OF OPERATION	196 CONDITION FOR WAICH	OLD PLIFOLAS	200 AUTOPSY? 200 YES   NO	DIL IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL LIFETHER. NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH D	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN	
		WHIE NOT WHIE AT WORK  270. I certify that (I) (this hospital) at each of the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death.  270. I certify that (I) (this hospital) at each of the deceased from abave, (I) (we) (did) (did not) view the body after death.  270. DEGREE  270. DATE SIGNED				
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)  B. COMMAN	ATTENDING PHYSICIAN [22e ADDRESS BOGH /		ww led. 21133
	(	BURIAL, CREMATION, REMOVAL	23b. DATE   23c   Aug. 7/82	NAME OF CEMETERY OR CREMATORY DEET PAIK CEM.	23d LOCATION RIY OR TOWN REISTERS	
1	7	ames B. Eck	hardt 11605	Reisterstown Rd. AU	G 91982	REGISTRAR'S SIGNATURE

Reisterstown Rd.

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Eckhard

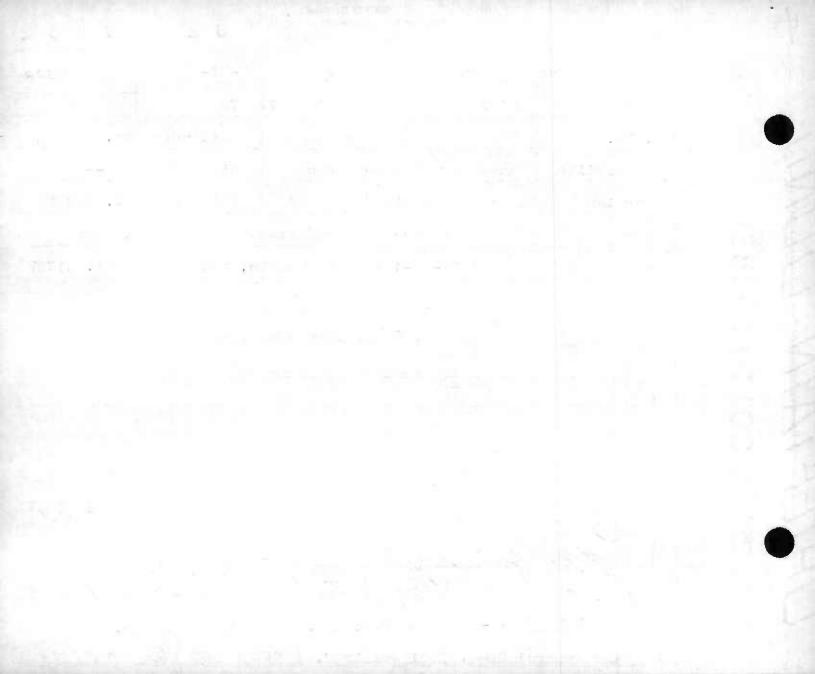
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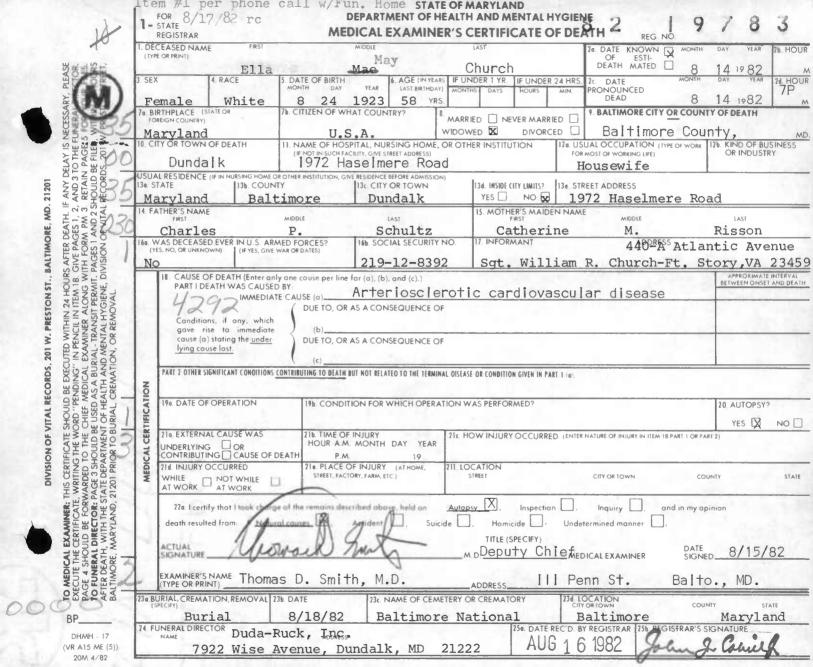
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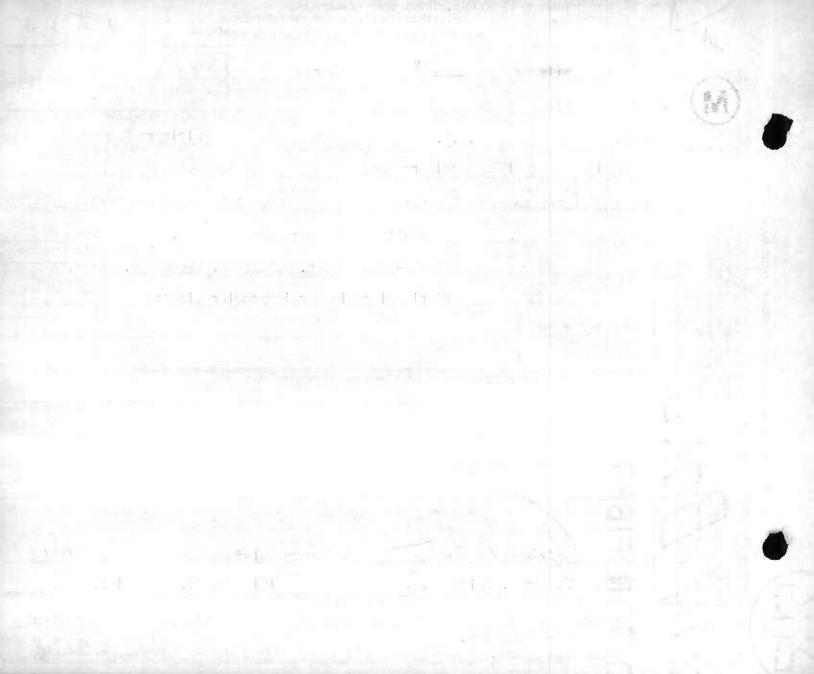
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		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	2h HOUR
		San			fin	8-31-82			9:30
	3. SEX	female	4. RACE white	5. DATE OF I	DAY 3 191	6. AGE (IN YEARS LAST		NONTHS DAYS	HOURS A
1	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	DY2 A	NEVER MARRIED	9. BALTIMORE CITY	_		
0	14	· Va.	USA	WIDOWED [			ore C	ty.	
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35	13a. S	TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c. CITY OR TO Altimore Rose	OWN 13	d. INSIDE CITY LIMITS?	13. STREET ADDRESS	iven :	P1. A	pt 1
01	14. FA	THER'S NAME			MOTHER'S MAIDEN N	AME			
D	J	ames	Link	ous	Pocahonta	.S	S	tower	51
		AS DECEASED EVER IN U.S. A		ECURITY NO. 17	. INFORMANT	ADD	RESS		-77
	n		GIVE WAR OR DATES) 233-2	2-1717	Jack Chaf	in, 9104	Swive	n P1.	2123
		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	North				
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29	1000	PART 2. OTHER SIGNIFICANT	19b. CONDITION FOR WHI	CH OPERATION )	VAS PERFORMED	28s AUTOPSYT	200 JE-PES IN CERTIF YE	. WERE FINDI YING CAUSE:	NG5 USED S OF DEATH!
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1850 Church Road Yes 1936-1935 1:0-14-024/2 Mrs. Hillan Giborowski -Balaimore, Nd.21222

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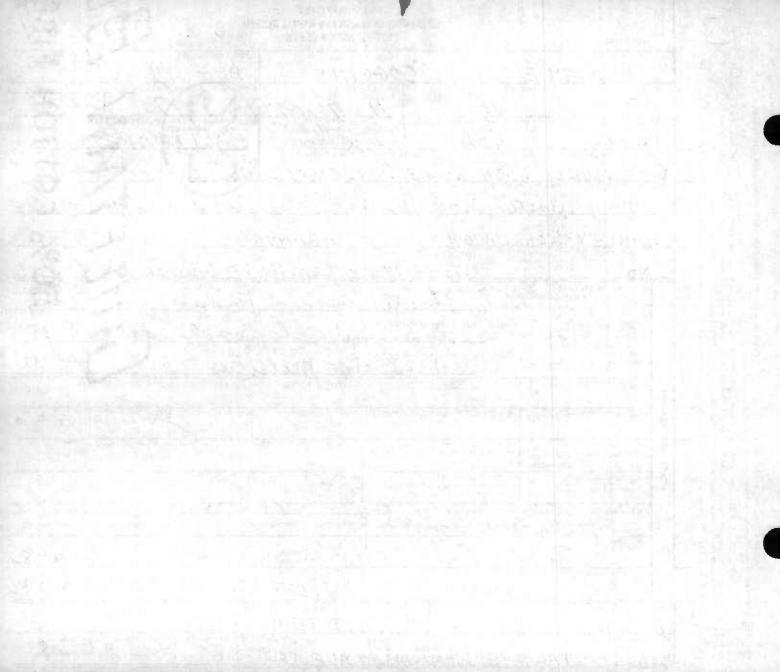
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	3 SE	M:	4. RAC	w		ne 6, 1915	6 AGE (IN YEARS LAST BIR	YRS YRS	DATS HOU	NDER 24 HRS
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5	11	ANDALSTON		ME OF HOSPITAL, NOT INSUCH FACILITY GIVE		ospt.	12a USUAL OCCUPAT HYPE OF WORK FOR MOST C Retired Ra	ION 12b	KIND OF BUS Employ	ee
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30	14 FA	George	A.	Claget	t t	15. MOTHER'S MAIDEN NAM		Townser	id LAST	
1		VAS DECEASED EVER IT YES, NO OR UNKNOWN) YES	U.S. ARMED FO	DATES)	01-7443	Mrs. I. Virg	ADDRI ginia Clage		terstow	m, Md.
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9	MEDICAL CER	21g ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK	USE OF DEATH LLEXAMINER)  D 21e (A)	DIME OF INJURY OUR A.M. MONT P.M. PLACE OF INJURY HOME STREET, FACTORY	19 OFFICE, FARM, ETC.)	211. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		PART 7)	STATE
		22a. I certify that (I) (1 sow the deceased above, (I) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	dolive on (did not) view	he body ofter death.	19.87 on	d that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	22 FF 4.6		
	23a B	R. D	EPEST(		122, NIAME OF C	BALTIMORA EMETERY OR CREMATORY		GENETH	AL He	950
	1	Surial	EMOVAL 23b. 1	ig.21,82		Ridge Cemeter	y Pikesv	ille, Md		STATE
	170	INERAL DIRECTOR NAME Funera	1 Home	Reisterst	ORESS MA	27736 AUG	23 1982	Shug	IGNATURE CAMEL	A

Cagety William H. 8-19-82 6416 44 W Just 1985 1987 CONTRACTOR AND AND ADDRESS OF THE AD and addressed to the the total forms. The three desired to the finds the land owner Brougest A. Classett Strangell Segment . W. paffirm Till or others Constant St. 72 pm

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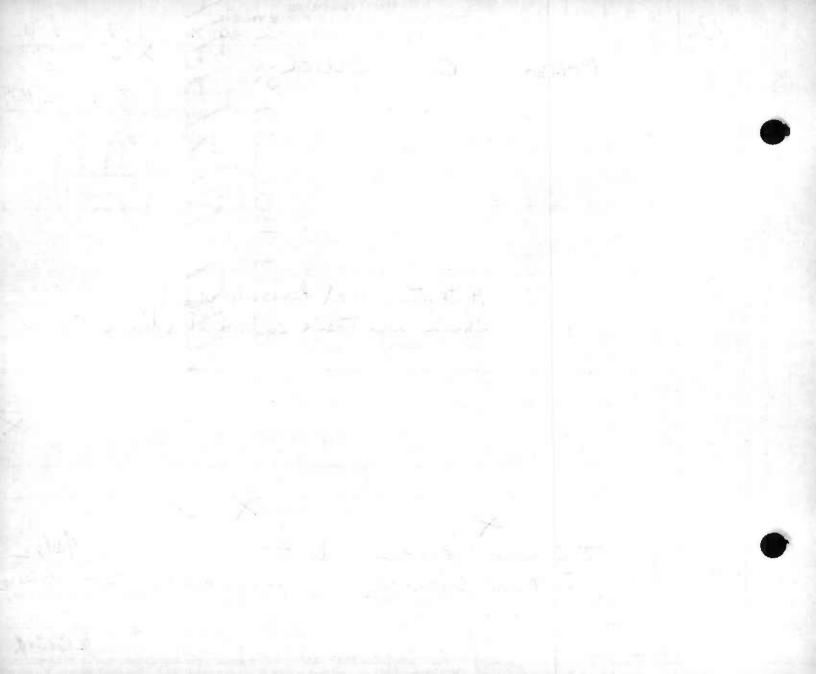


A CONTRACTOR AND CONTRACTOR

				STATE OF MARY	YLAND		
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	1 DE		MIDDLE	LAST		REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be		OR PRINT) WILL FIRST	1	Coleman		AUgust 7	1982
ном ном	3. SE		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ofter dep	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	REET ADDRESS!	NSTITUTION	12a USUAL OCCUPATION  TEXPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
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RE, and col		AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SI			ADDRESS	
TIMOR on ond S. Page e medic		ES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 579-0	3-8702 PATI	ricia M	NAVey-30	
hysicare poper pavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b).	, and ic	1	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng pl bong remit	52		TE CAUSE (0)	162	natori	Minest	Blands
oth corporation or any		7760	DUE TO, OR AS A CONSE	QUENCE OF	0 A (3		ugans
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201 es th ned k pleo urrol,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART I (a)
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DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requi offending physician.  After this certificate has been sig of the buriol-transit permit. The th and Mental Hygiene prior to be an ideal or tem 18 shows any injur orked or tem 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PER	FORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TALR The I forcion. The hospital periodical	RTIF					YES NO	YES NO NO
DF VITA Physicic Trificate Il-transit old Hygie m 18 she		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH		INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
SICIAN: ng physical production in the second conficultion in the second laboration in the second	MEDICAL	( IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
PHY: Tendir Tendir The bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.) 211 LOCA STRE		CITY OR TOWN	COUNTY STATE
DING or off After se as the offh or marke		AT WORK AT WORK			-	- 0/	0.3
END tol o OR: OR: Heo		220.1 certify that (1) (this hasp saw the deceased alive an	ital) attended the deceased fro	23-1			d hour and from the causes stated
RECTO hed for per 1 of tem 2 il tem 2 i			ot) view the body ofter death.	DEGREE	ny) (GGP) opinion o	leath occorred on the dore one	22c. DATE SIGNED
The Debt of The O		James 1	Melan	ny	ATTENDING PHYSICIAN	MEDICAL STAFF	8/6/63
HO HO THE		22d. PHYSICIAN S NAME (TYRE C	RPRINT)	22e. ADDF	ress	Hill Ra Bal	3 Mel 21229
OOOB OF STATE	230_0	URIAL, CREMATION, REMOVAL	23b. DATE 2	FTLLWALL	PR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY DE STATE
DHMH - 16 50M 7/77	24. FL	INERAL DIRECTOR		1 . ( 6 +	250. DATE	REC'D BY REGISTRAR 256 RE	GISTRAR'S SIGNATORE
(VR A 15 (4))	Fo	riley Funcal Ho	ne-6601 Trac	leick Ave Z	8 14	AA 1 7 1305 6	The samely

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME DATE KNOWN 2b. HOUR 1982 TYPE OR PRINT OF ESTI-MARTHA 16 LIER DATE OF BIRTH IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY PRONOUNCED 1835 8 10 DEAD Female White 71 YRS TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia U.S.A. WIDOWED DIVORCED Baltimore County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Dundalk 2410 Meadow Road Assembly Line-National USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Dundalk 2410 Meadow Road Marvland YES [ NO S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Silas Elnora Clouse Bowman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT Box 1956ss Wheatfield, (YES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES! Robinson Ind. 46392 No 236-32-4114 Naomi APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line fax (a)x (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY AT WORK NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Hamicide Undetermined manner death resulted from: Natural causes Accident FUNERAL DIR DATE MEDICAL EXAMINER DUNDALK EXAMINER'S NAME 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY (SPECIFY) Burial Gilley's Cemetery Crackers Neck 74 FUNERAL DIRECTOR Duda-Ruck ADDRESS Inc. DHMH - 17 7922 Wise Avenue Dundalk, MD. (VR A15 ME (5) 15M2/80



STATE OF MARYLAND

FOR
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 7 9

CERTIFICATE OF DEATH

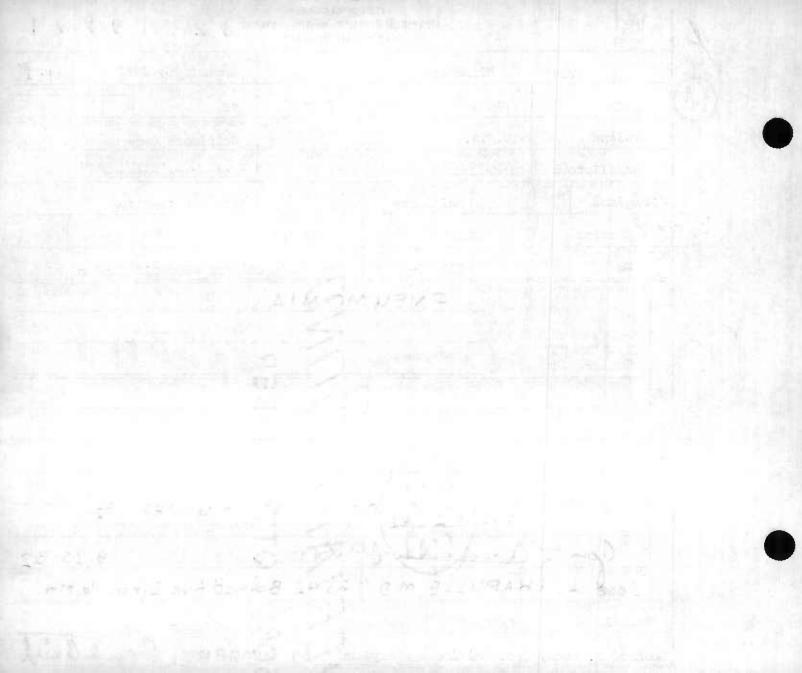
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH		26 HOUR 3
Sarah	Elizabeth	Collins	August 25,	1982	11:4
SEX	4 RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female		July 9, 1887		RS	
Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED			
	U.S.A.	WIDOWED DIVORCED [	Baltimore Co		٨
Randallstown	(IF NOT IN SUCH FACILITY, GIVE STREE Randallstown N	ursing Home	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Retired Seams	NG LIFE) INDUSTRY	OF BUSINESS O
Maryland	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134 CITY OR TO Baltimo	WN 13d. INSIDE CITY LIMITS	13e STREET ADDRESS 1224 Maryland	l Ave	
FATHER'S NAME  Charles	MIDDLE Hicks	15 MOTHER'S MAIDEN I	WIDDIE	WARE	51
WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS		
(YES, NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 213-03-	.5644 Mrs Marie	Collins 6509 01	d Harford	d Rd
4860 IMMEDIA	DUE TO, OR AS A CONSEOU	UENCE OF			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO		20a AUTOPSY? 20b IF	YES, WERE FINDIN	GS USED OF DEATH?
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Leonard J. Ruck, Inc. Baltimore, Maryland

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		STATE REGISTRAR		MED	DICAL EXAMIN	ER'S C	ERTIFICATE	OF DE	TH - REG.	NO. Y	19	4
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25.20	3. SEX	Female (	Cauc. Se		YEAR 6. AGE (IN YE) LAST DRIPHO!	MONT			RONOUNCED DEAD	Pour		2d. HOUR
	V	RTHPLACE (STATE OR REGION COUNTRY) enezuela	. / 37	enezue	1 /		ED X NEVER MAR	RRIED	Baltim	ore Co	unty	MD.
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DEATH IF DEA	14 FA	THER'S NAME FIRST Ignacio	JOIM		Clores		15. MOTHER'S MAI FIRST Justina		WIDDLE	Silva	LAST	
AFTER	(Y)	AS DECEASED EVER	(IF YES, GIVE WAR OF	ORCES?	16b. SOCIAL SECURIT	Y NO.	Julio No	voa, N	ADDR., 20	DI		owson n
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONE PRAMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.		PARTIDEATH V 4029  Conditions, if gave rise to couse (a) stotin lying cause last	MAS CAUSED BY:  IMMEDIATE CAI  any, which immediate g the under-	USE (o) DUE TO, OR  (b) DUE TO, OR	for (a), (b), and (c).)  AS A CONSEQUENCE (	OF OF	eardio va		in dise	ase	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
TAL RECORDS, 201 HOULD BE EXECUTE RD "FENDING" IN HIEF MEDICAL EX USED AS A BURIAL OF HEALTH AND M RPAL, CREMATION,	CERTIFICATION	190. DATE OF OPER			ION FOR WHICH OPER			PART 1 ·a .			20 AUTOPSY?	
CATE SI CATE SI THE WO THE WO	MEDICAL CERTIF	CONTRIBUTING	OR CAUSE OF DEATH	H P.M.	MONTH DAY YEAR		OW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	A 18 PART 1 OR PART	YES T2)	NOK
- 2530E0	MED		RRED T WHILE WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET		CITY OR TOWN	COU	NTY	STATE
CAL EXAMINER: THE CERTIFICATE HAUDINE EF CAR ATA DINECTOR! ATH, WITH THE S RE, MARYLAND,		ACTUAL SIGNATURE	R. Bre	M	cribed abave, held on Accident . Su  Llew  ENECKE	Autap	sy , Inspect , Homicide  TITLE (SPECIFY) .D. Dep	Undeter	Inquiry	DATE SIGNED	8/17	182
TO MEDIC EXECUTE PAGE 4 5 TO FUNE AFTER DE BANMO	132	(TYPE OR PRINT)	/		23c. NAME OF CEA	AETERY C		23d. LOC CITY OF	ATION	COUN		ATE
DHMH-17 (VR A15 ME(5)) 15M 2/80	24 FI	emmon-l	ull (Dr	Tim	982 Corazo nonium, M eld, Inc. 1	d. 2	1093 175%		racaibo,	Limp		el.

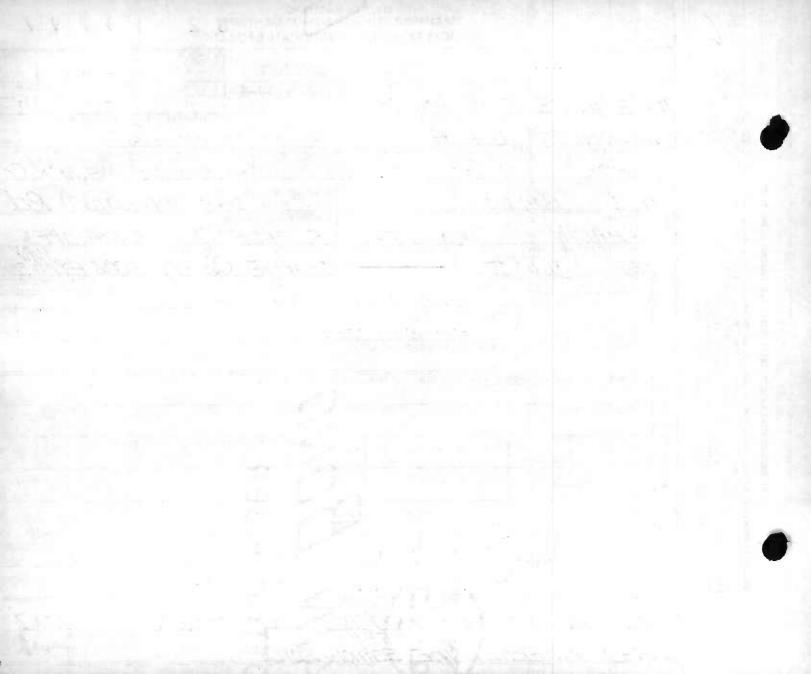
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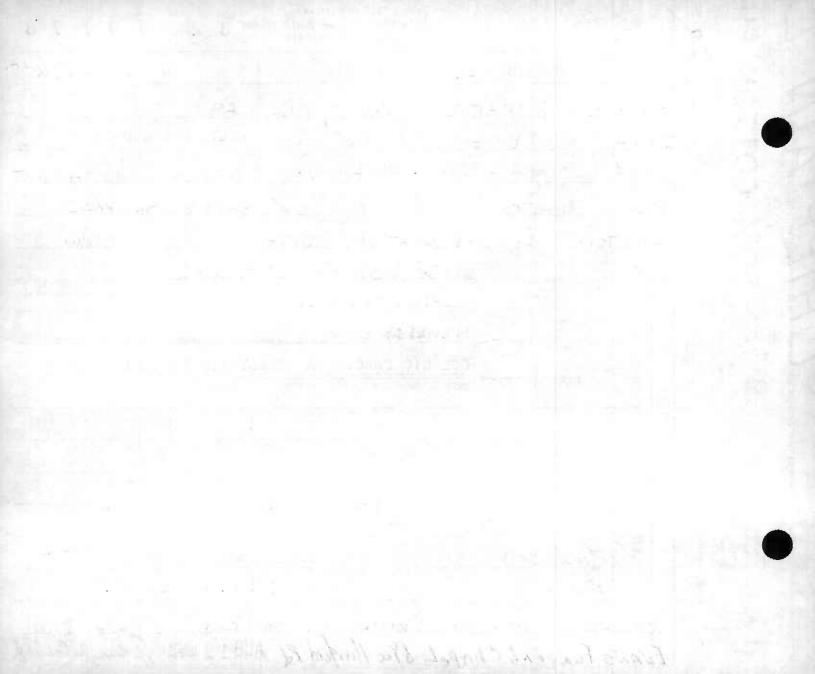
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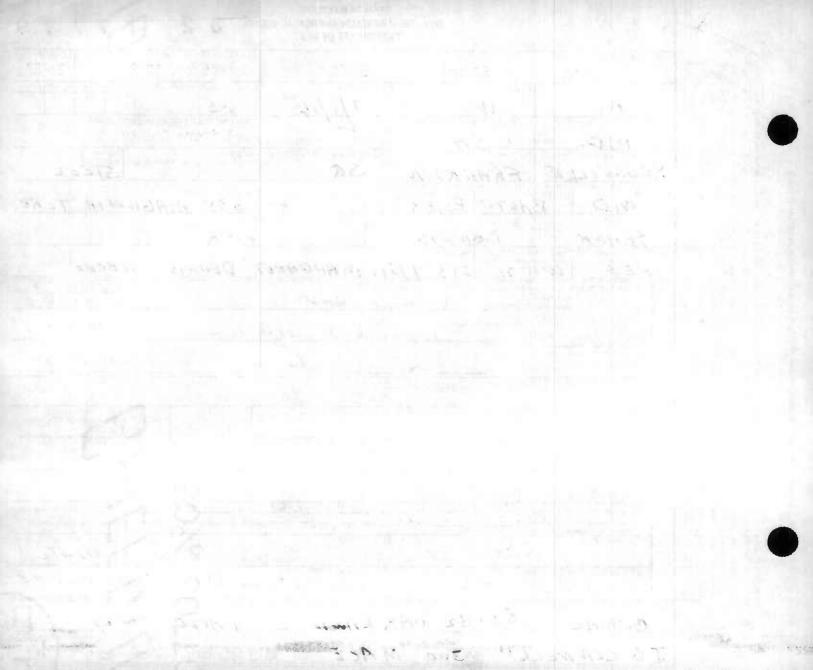
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CHE 4 . W.	specifical areas for	

0	1.	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2	19	796
1 7		CEASED NAME FIRST	MARIE	Cox	20. DATE OF DEATH AUGUST	MONTH DAY Y	F2 3.30 M
ector, pe	3. SE	FEMALE	RACE SALE ITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	
		MARYXAND	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	RCOUNTY OF DEA	-9
	1	ESSEX	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 2106 TRED AVON	ROAD	IZO USUAL OCCUPATI	WORK WIFE INDU	IND OF BUSINESS OR STRY NSTRUCTION
TAND 215	130.	STATE 136-COUNT	THE INSTITUTION, GIVE RESIDENCE BEFORE A		13. STREET ADDRESS		VONROAD
E, MARY complete 1 and 2		FIRST	DER COX  MED FORCES? 166 SOCIAL SECURI	NO RA	MIDDLE	0.5	
TIMORI be exec on and s. Pages e medici				-316 GRACE	ALMA	WILLE	
ST., BAL striftcore g physici on poper emovol.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (b) BY:  CAUSE (a)	DIAC ARREST			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
death ce attending ove corb		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	ART FAILUR	25	4	1-6 WEEKS
that the day the ease rem		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUED	8865174		A	WHERLIFE
equires equires en signe Then pl rr ta burn injury, o	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT Iro
AL RECORDS, he low requir ion. has been sig it permit. Ther iene prior to b	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	AUSES OF DEATH?
in of VII.  Sician: 1 ag physic certificate rial-trans antal Hyg tem 18 st	4	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ABOUT OF DEAT	HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	(RT 2)
DIVISION NG PHYS Ontending After this coos the bis cooked or the cooked or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.)	CITY OR TO	WN COUN	VTY STATE
TTENDIR spitol or TTOR: Alfor use of Health		sow the deceased alive an_	of) offended the deceased from  AUGUST  View the body after death.	, 19, ond that in (my) (arr) opinion	death occurred on the de	, 19 ate and hour and Iro	m the couses stated
AL OR A The horse AL DIRECT AL DIRECT SET DEPT.		12h SIGNATURE	te R. Apple	DEGREE DITENDING PHYSICIAN	MEDICAL STAP	F	DATE SIGNED
D HOSPIT roined by D FUNER would be	1	270. PHYSICIAN'S NAME (TYPE OR	PRINTI HEGININIAN	MD 22/2 S	BUENRO.	RD BALTI	MOCE NO 21209
2000 PP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)  CREMATION		ME OF CEMETERY OF CREMATORY EEN MOUNT CEM.	23d LOCATION CITY OF TOWN BALTIMOS		MD.
DHMH - 16 50M 4/82		UNERAL DIRECTOR ALTER BROOKS BRA	DLEY, INC. DUND	7 1	E REC'D. BY REGISTRAR	25b. BEGISTRAR'S SI	GNATURE A

		1				ATE OF MA					
		11-	FOR STATE		DEPARTMENT OF			YGIENE 2	9	7 9	1
	0		REGISTRAR	ME	DICAL EXAMI	<b>NER'S CE</b>	RTIFICATE C	F DEATH REG	G. NO.		
			CEASED NAME FIRST		WIDDLE	LA	sr	20 DATE KNOW	N XX MONTH	DAY YEAR	2h HOUR
	# X X X X L	1	WILLI	AM	F RAN	K	CROSSLEY	OF ESTI-		6-82	
	PLEASE ECTOR. FILES. HOURS	3. SE							MINOW O- IC	DAY YEAR	M
	STE	-	201- 1/2-	5 DATE OF BIRTH	YEAR LAST BIRTH	PAY) MONTHS	DAYS HOURS	MIN. PRONOUNCED		2111	2d HOUR
	ESSARY, RATEDIR YOU THIN 72	1//	HIE VUNITE	5/7		YRS.		DEAD		6-2,9	11:35
	S NECESSARY, PLEASE FUNISADDIRECTOR. E'S FOR YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET,	70. E	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED	D NEVER MARR	IED 9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	BANK TO	1	MARYLAND	11.5	. 14	WIDOWED	-4-1		e Count	V	AAD
	E PER STANDARD	10.0	ITY OR TOWN OF DEATH		SPITAL, NURSING HOA		INSTITUTION	12a USUAL OCCUPATION	(TYPE OF WORK 1	76. KIND OF BU	ISINESS
	A FAIL O	)ca	tonsville		pington Rd.			FOR MOST OF WORKING LIFE	10)	OR INDUSTI	00
	NO BE		AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS	SIONI		SILESIIII		SITIE	ر ا
	Z Z Z Z Z Z Z	13a.	STATE 13b. COUN	IY - C	13c CITY OR TOWN	13	Id. INSIDE CITY LIMITS?	The STREET ADDRESS	- 70-		0-1
	A A A A B A		1114 37	1/10			YES NO	1648 OR	BIRLIT	UNI K	Pa
	MD. 1, 2, 1, 2, 1, 2, 3, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	7 F14 F	ATHER'S NAME	MIDDLE	LAST 7	1!	5. MOTHER'S MAIDE	NAME / MIDDLE	/	LAST .	
	A P P P P P P P P P P P P P P P P P P P		FRANIT	CA	POSS/F)		F/12A1	カデアク	CPIL	370F	-
9	S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF		WAS DECEASED EVER IN U.S. ARI	MED FORCES?	166. SOCIAL SECURI	TY NO. 17	INFORMANT	ADD	RESS	1.01	INV
-	F - S - S - S - S - S - S - S - S - S -	1	F.S	WAR OR DATES)			FIRA	= Candle	m	EXPE	1/500
	S S S S S S S S S S S S S S S S S S S	-			1 / 1 / 1 / 1 / 1 / 1		or arti	GOOLY	0000	PENO	JUSTUR
	ME, C		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	N DV			/			APPROXWANT SETWEN OPERT	AND DEATH
- 2	SER SER SER		MANEDIA	E CAUSE (o)	Arterioscle	rotic	cardiovas	cular disease	and		
	A F A F A F A F A F A F A F A F A F A F		7047d	XXXXXX	XXXXXXXXXXXXX	XXX -					
	A A SA		Conditions, if any, which gave rise to immediate	(b)	cirrhosis o	flive	r				
3	NA SERIES		cause (a) stating the under-	< ,-,-	AS A CONSEQUENCE						
5	IL RECORDS, AUTW. PRESTON ST., BALLIMORE, MD. 21201  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS  "PENDING" IN PENGLIU ITEM 18. GNVE PAGES 1, 2, AND 31 OTHER  EF MEDIOLAL, EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGES  EED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.  HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 MA  AL, CREMATION, OR REMOVAL.		lying couse last.	(6)							
	ATION AND A STORY		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT PELATED TO THE TER	MINAL DISEASE OF	A COMPLETION CINER IN BA	DV 1		1	
SCOCCES AND ACCOUNTS	E TANGET E	Z			OUT HE HELD TO THE TER	MINAL DISEASE OF	K COMMITTION GIVEN IN FA	KI I I I			
2	CA A A A A A A A A A A A A A A A A A A	CERTIFICATION	19a. DATE OF OPERATION	Ties CONIDI	TION FOR WHICH OPE	DATIONING	PERSONNERS				
-	INER: THIS CERTIFICATE SHOULD FOR THE WORD THE WORD THE WORD THE WORD THE WORD TO THE CHIEF MAND TO THE CHIEF WAS THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CI	0	THE DATE OF OFERATION	176 CONDI	HON FOR WHICH OPE	KATION WAS	PERFORMED?			20 AUTOPSY?	
7	* * * * * * * * * * * * * * * * * * *	-1 E								YESXX	NO 🗌
ď	TA THE STAND		21a EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEA	21t. HOW	V INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2)	
2	S SECOND	1 3	UNDERLYING OR CONTRIBUTING CAUSE OF D								
196	CERTIFICATION OF TO SEPARATE PRIOR OF P	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME.	211 LOCA					
É	S C S C S C S C S C S C S C S C S C S C	Z	WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.]	STRE	ET	CITY OR TOWN	COUN	πY	STATE
	THIS WARE PAGE 2120		AT WORK AT WORK								
	SH SO SH SO		22a. I certify that I taak charg	e of the remains de	scribed obave, held an	Autopsy	X. Inspection	Inquiry .	and in my opin	non	
-	ME HOLE	1	death resulted fram: ANgtur	ol couses XX,	Accident S	vicide	Homicide .	Undetermined manner			
	AK WEERT		V/				TITLE (SPECIFY)				
	A THOUSE		ACTUAL SIGNATURE	Marle	me wo	MD	,	MEDICAL EXAMINER	DATE	0 17 0	2
	SER SER	-	SIGNATURE		44.		ASSISTAL	MEDICAL EXAMINER	SIGNED	8-17-8	
	TING CAN	1	EXAMINER'S NAME Mar	garita A.	Korell, M	.D.	111	Pen Street			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	774.9	THE RESERVE THE PARTY OF THE PA			AD	DRESS				
01		1.56.0	POPULATION, REMOVAL I	D-10 (	23t NAME OF CE	METERY CH C	REMATORY	THE LOCATION	COUNTY	100	4
0	BP	111	DURING	2-17-0	9 400	1/1/10	N CED	2 15/1/1	10	111	
	DHMH - 17	10.7	SHOW A SHECTOR	am four	1 5	311	25e DATE	915 1 9 9 9 9 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	HIGHTHARS SK	MATTINE .	. 1
	(VR A15 ME (5))	11	EDER FURT	SHIL TO	OME A	mon	Mann)	(	7	The course	All I
	20M 4/82					and the same					







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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

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FOR - STATE

STATE	OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTI	TORTE OF BEATTI	REG. N	10.		- 100
	CEASED NAME FIRST	n4 "	IDDLE	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HC	OUR 100
3. SE	JOSE,	4 RACE	5. DATE C	CHIAKA	6 AGE (IN YEARS LAST B	8 -/ 0 -	ERIYEAR IF UND	AM
	Male	White	MONT	H DAY YEAR		MONTHS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY? 8	ober 14, 1900	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
	country)	U.S.		D LONEVER MARRIED L	Baltimore	County		MD
	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		120 USUAL OCCUPAT	ION 12b	KIND OF BUSI	
$R_0$	andallstown	Baltino	racility, give street address)  re County Gen	anal Hamita	1 General C			
ESU Bo.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		imore	Randallstown	YES NO IT	3801 Schno	pper Dri	ve	
14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME		LAST	
	Anthony	DiChi	ara	Con	ncetta	Verde		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANMYS.				
No	0		213-20-4633A	5922 Snowder	ns Run Road	Sykesvil	le,Md.	2178
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	(c)	AS A CONSEQUENCE OF		200 AUTOPSY?	20b. IF YES, WER	E FINDINGS US CAUSES OF DE	ATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		INJURY A. MONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	YES	NO R PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.A		211 LOCATION	-			
WE	WHILE TO NOT WHILE TO		ET, FACTORY, OFFICE, FARM, ETC )	STREET	CITY OR T	OWN CC	YTHUC	STATE
	22a.t certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	5-10	19 2 2	nd that in (my) (our) opinio	2, to n death occurred on the c	10-, 196 lote and hour and l	from the couses	, ,
	201 CICALATURE	-		DEGREE		2	2c. DATE SIGNE	D
	226. SIGNATURE Source	hal	Horp	ATTENDING PHYSICIAN	MEDICAL STA	AFF V	8-10-	82
	SOUNCE 22d, PHYSICIAN'S NAME (TYPE OF	hul ML	Hong			AFF V	8-10- al H	82
	SOURCE 22d PHYSICIAN'S NAME (TYPE OF SOURCE OF	UL 236. DATE		PHYSICIAN	Occurry 23d Location	Sena	8-10- al H	82 osp
	Socre 22d PHYSICIAN'S NAME (TYPE 800 A) CH BURIAL, CREMATION, REMOVAL	nL		PHYSICIAN 22e. ADDRESS Baltono	DIRECTOR DHYSI	Sena	9-10- al H 71 Mary	82 osp

DHMH - 16 50M 1/81 (VRA 15, 4)

WEST AND THE PROPERTY OF THE SECOND STREET, Construction over the court of the second CA and the second make the second  STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

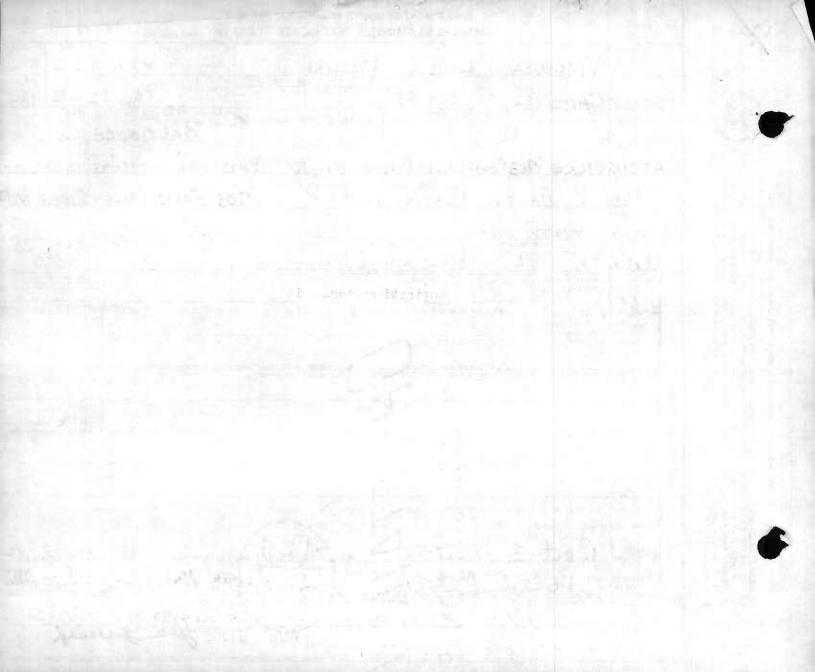
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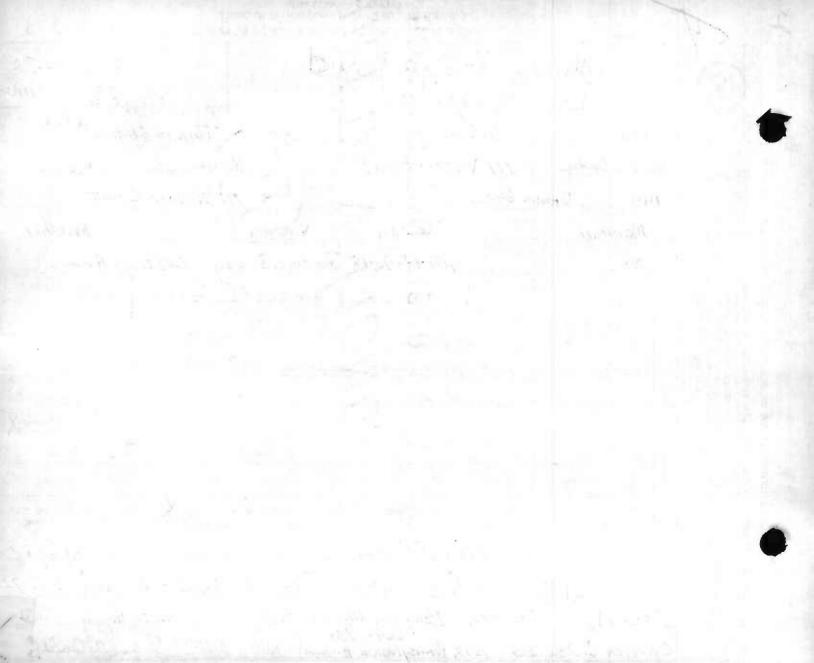
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	Items #18a-22a Film G571 9/9/82 TOTALE OF MAKTLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
7 1.	STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	8 0 2
	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
3. SE	EMALE CALC 15. DATE OF BIRTH NONTH DAY YEAR 15 BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD AGE	01 19 82 M OAY YEAR 2d HOUR 02 19 82 11 A M
N	BIRTHPLACE (STATE OR OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   PALTIMORE CITY OR COUNTRY   WIDOWED   DIVORCED   BALTIMORE CITY OR COUNTRY   WIDOWED   DIVORCED   DIVORCED   BALTIMORE CITY OR COUNTRY   WIDOWED   DIVORCED	- 1-
20	ATONSVILLE 708 TON WHILEY (1801 = APT-10 PHYSICIAN Media	IZE KIND OF BUSINESS OR INDUSTRY al Examiner
S 130.		EY CIRCLE- derto
1	incent Lawrence Dolan  Is Mother's Maiden Name First  Elizabeth Mabel Cummin	LAST
160.		keslee, PA 18610
	PARTIDEATH (Enter only one couse per line for (a), (bright (c).) PARTIDEATH WAS CAUSED BY:  Aspiration Pneumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate couse (a) stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
LIFICATI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
MEDICAL CERTIFICATION	21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21d. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21l. LOCATION  STREET CITY OR TOWN COU	INTY STATE
	220. I certify that I taok charge of the remains described above, held on Autopsy Inspection I, Inquiry I, and in my op death resulted fram: Notural causes I, Accident I, Suicide I, Hamicide I Undetermined manner I,  ACTUAL SIGNATURE BUT TO MONTHS MEDICAL EXAMINER  DATE SIGNATURE  SIGNATURE	146 7 1997
2	EXAMINER'S NAME BERT F. MORTON ADDRESS ST. AGNES HOSPITAL	, BALTO 21249
Bu	BURIAL CREMATION, REMOVAL 23b. DATE (SPECEPY)  RELATION COUNTY (13d. LOCATION COUNTY OF COUNTY O	Maryland
Ma	acNabb Funeral Home Catonsville, MD	



2 1	1.	FOR ITEM:8 G-68	) wh	DEPARTMENT OF	HEALTH A	ND MENTAL HY	GIENE			
+ M		1- STATE 10-08-91 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG. No. 9								
1	T. DE	CEASED NAME FIRST	2	MEDIE	LAS	F 1	Zo. DATE KN	10MN U W	ONTH DAY	YEAR Zb. HOUR
W 482	(TYF	E OR PRINT)	M KA	diana	SKL	ACI CA	OF DEATH M	ATED	8.819	82 913QM
<b>北州湖</b>	3. SE	1. RACE	5 DATE OF BIRTH	, AGE (IN				M	ONTH DAY	YEAR 26. HOUR
<b>美藤</b>		M 13	7 27	IN TAST BIRTH	YRS.	days Hours	PRONOUNC DEAD	818	82 10	NAK
WE IS	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		18	☐ NEVER MARRIED	9. BALTIMO	RECITY OR C	OUNTY OF DEA	TH/TO
商品の意味	1	M.D	U.S.	A.	WIDOWED			ers Sto	tron Do	ALLO
AGE S	10. €	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	E, OR OTHER	INSTITUTION	70 USUAL OCCUPA	TION (TYPE OF		OF BUSINESS DUSTRY
SA PAGE		urners Station	11/ W	illow Cou	+		DA .	ince	0	150
12 m 45 to 20	13u. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 1136 COUN		VE RESIDENCE BEFORE AGMIS		6. INSIDE CITY LIMITS?	Je. STREET ADDRESS		/	
N SKR无路		nD Tarne	61.1	KGH		YES NO	411 1414 11	ow C	ourt	
MD. MD.	14. F	ATHER'S NAME	MIDDLE	LAST ,	15	MOTHER'S MAIDEN	NAME	OLE	LAST	
DREATH. GES 1, WAR PAND 2		Marshall		Dowde		Virginia			Ma	rsha/
TIMO TER I	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR	TY NO. 17.	INFORMANT	1	ADDRESS		
URS AFTER DEATH URS AFTER DEATH URS AFTER DEATH WITH PORM PM IT PAGES 1 AMD: DIVISION OF VITE		No		159-14-9	648 1	seatrice Do	owdy 20	07 Dery	/ HVERE	-
4 ST., By HOURS M 18. G WIT P, NE, DIV		18. CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE	y ane cause per line	far (a), (b), and (c).)	0		10-0	1	APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
ON ST 24 HO ITEM 1 ITEM 1 ITEM 1 ITEM 1 ITEM 1 ITEM 1 ITEM 1		11 - GIMMEDIA	re CAUSE (a)	ume	-de (	arces	of Ac	ing	1 1 5 5 5	
PRESTON THIN 24 F SIL IN TEA ALER ALON ALER ALON ALER HYGIER REMOVAL		Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF			- 1		
RAN TAL	-	gave rise to immediate	(b)							
, 201 W. PRE: UTED WITHIN IN PENCIL II EXAMINER RIAL-TRANS ION, OR REM		lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
RDS, 201 V EXECUTED NG" IN PR CAL EXAL A BURIAL- I AND MEI WATION, C		DANT S ORBITA CIQUICIA DE CAMADANA	(c)							
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RED" WITHIN 24 HOURS AFTER DEATH. IF RED" WITHIN TEM 18. GIVE PAGES 1, 2, HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL "TRANSIT PERMIT. PAGES 1 AND 2.8 OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEASE OR	CONDITION GIVEN IN PART	I (g).			
RECO ID BE PENDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI ME	CERTIFICATION	190. DATE OF OPERATION	19h CONDI	ION FOR WHICH OP	RATION WAS	PERFORMED?			ZO AUT	OPSY?
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DIV THIS G WRIT WARDE PAGE 3 TATE D	1	WHILE NOT WHILE DAT WORK	STREET, FAC	FORY, FARM, ETC.)	STREE	ET	CITY OR TOWN		COUNTY	STATE
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A MANAGER		ACTUAL LUCE	C. VA	FTERS	an (NC	THEE (SPECIFI)	MEDICAL EXAMIN		DATE SIGNED	8/87
MEDICAL CCUTE THE SE 4 SHOI BE 4 SHOI ER DEATH		SIGNATORE		0		~ .	_MEDICAL EXAMIN	00.	SIGNED	1
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BATIMORE, MARYLAND, 2	23o. B	URIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
O BP_	L	Burial	8-12-82	Holly Hi	11 Mani	orial Eark	CITORIOWN	White	Marsh	mJ
DHMH - 17	24. F	UNERAL DIRECTOR	AGGRESS	1 66	9-1738			256 REGISTR.	AR'S SIGNATURI	
(VR A15 ME (5) ) 15M 2/80	C	arlton C. Dougl	255 101	2 PENNSY/Va	rera Ave	rue AUG	9 1982	John	and Con	mely



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

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All of a Capital and A 1987 I and a late of the capital and a second william Jannedy Toxile Lee Court Colonaville Legalistic see Generality Lines all Party H Pitaka | 118 t. Lumbia Ri Militottotto, v - U. L. Color Silving II grant

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH DAY LAST DECEASED NAME CIVIT OF PRINTS 8:35a August 7, 1982 Agnes E . Dunn 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH HOURS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 7h. CITIZEN OF WHAT COUNTRY? BIRTHIPLACE ISLATE DATOREION MARRIED NEVER MARRIED WIDOWED DIVORCED [ 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Joseph Hospital, Inc. Towson YOUSE WIFE SUIAL RESIDENCE IF MASING HOMEOF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NUL COUNTY 13c CITY OR TOWN YES A NO 15. MOTHER'S MAIDEN NAME IA FATHER'S NAME IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 14s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 TIL INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a | certify that Xi) (this haspital) attended the deceased Iram August 5 August 7 82 \_19<u>\_\_82\_\_\_</u>, and that in (**MX**(aur) apinian death accurred on the date and haur and Iram the causes stated saw the deceased alive an A11011St 7 above xtywe) (did) (did yan vie hody after death. 226. SIGNATU

DHMH - 16 50M 4/B2 (VRA 15, 4)

23a, BURIAL, CREMATION, REMOVAL

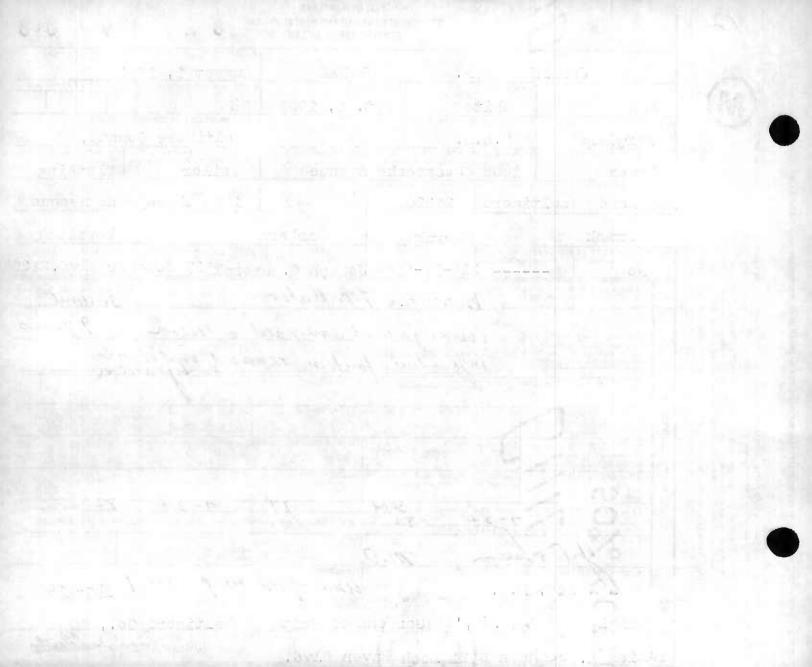
23c NAME OF CEMETERY OR CREMATORY

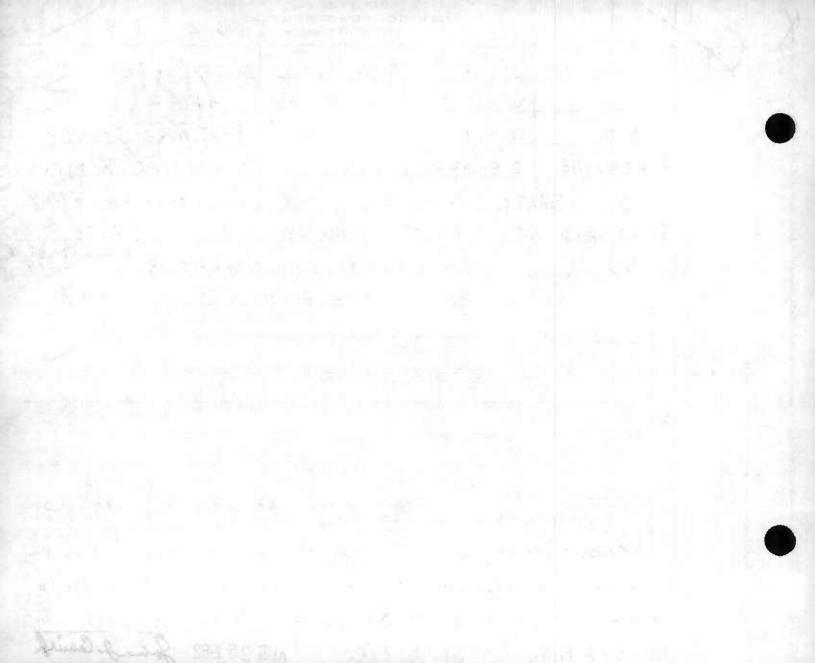
22e ADDRESS

7620 York Rd. Towson, MD 21204 23d LOCATION

PHYSICIAN PHYSICIAN

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FOR STATE

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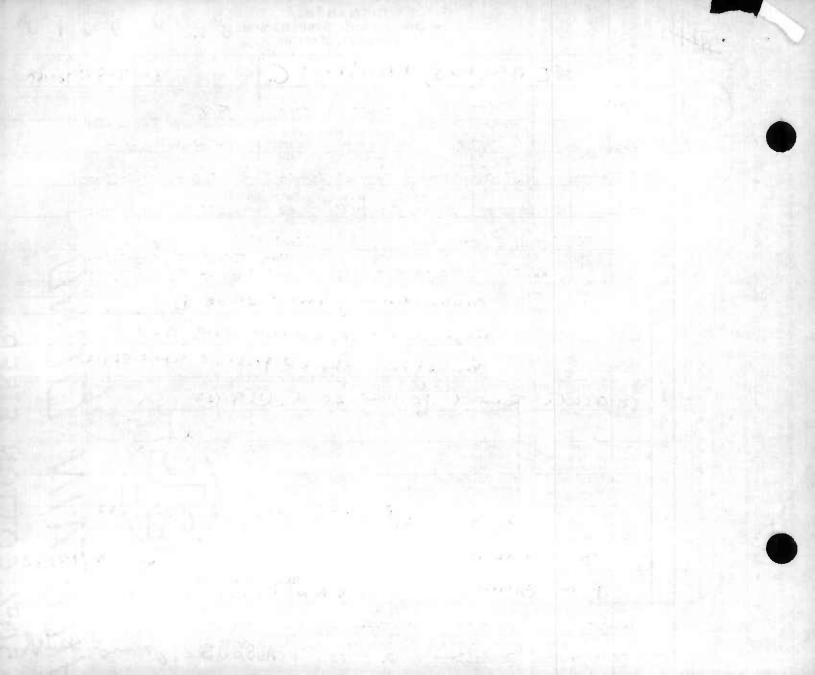
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		CEASED NAME FIRST	MIDDLE		AST	2a DATE	E OF DEATH MONTH	DAY YEAR	26 HOUR	
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M	1 SEX	× m.	4 RACE White	S. DATE C	DAY YE	EAR 6 AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN	
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2	. (	COUNTRY		MARRIE	NEVER MARRI	ED '	_			
4		ary land	U.S.A.	WIDOWE		ED 120 USU	Baltimore C	County	MD. OF BUSINESS OR	
5	R	andallstown	Baltimore (	GIVE STREET ADDRESS)		(TYPE OF	work for most of working rk-B and C	G LIFE) INDUSTRY		
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5		100.000	100	alto. Coun	13d. INSIDE CITY LIA		EET ADDRESS 2110 Holder	Anonno		
		ATHER'S NAME	AUDOLS	IAST	15 MOTHER'S MAIL					
C			H. Ebberts	(ASI	Eliz	sabeth B.	Dask	2 LA	31	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.			zabethEit	emiller	Name of the	
		Yes Wi		9-10-8927	5611 Mana	or Drive	Woodbine,	MD. 217	97	
9		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for	(a), (b), and (c).)		May 1	F 61		ONSET AND DEATH	
		IMMEDIAT	nly one cause per line for (ED BY) TE CAUSE (a)	retremm	and and	7, 20	10 (F)			
J		4100	DUE TO OR AS A C	ONSEQUENCE OF		with 0	HB an	1		
		Controlled, if only, which								
		gove rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF, STIKE JOSO WILL SUPPLY STIKE.								
		PART 2 OTHER SIGNIFICANT O	167							
	ON	(3) acute	Rend	Jailar	e 20 to	09	1			
~>	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	WAS PERFORMED	20a A		YES, WERE FIND I		
4	RTIF					YES	NON	YES 🗌	NO 🗆	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MC		21c. HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18, PART I OR PART 2)		
	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJU	19	AV 10 6 4 T 10 4 1					
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
		22a 1 certify that (I) (this hospi	ital) attended the decay	and from K =	(6 = 10	82	8-17	10 83	1	
1		saw the deceased alive on	8-17-	19 82 . 00	d that in (my) (our)	opinion death occu	urred an the date and		that (1) (we) last	
4		above, (I) (we) (did) (did not) view the body ofter death.  27b. SIGNATURE  DEGREE  27c. DATE SIGNED								
		R.M. 9	shah m.D		ATTEN	DING MEDIC	AL STAFF OR PHYSICIAN	- 81	17/82.	
		22d. PHYSICIAN'S NAME (TYPE O				LD (our			702	
		4. W.	SHAH.		RANI	DAUST	m m	٥.	Gazaria y	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	METERY OR CREMA		OCATION CITY OF TOWN	COUNTY	STATE	
	04 51	Burial	8-19-82	Woodlaw	n Cemeter		odlawn Ba	It.	MD.	
	24 FL	UNERAL DIRECTOR Loring	Byers Funer	al Pirecto	rs, Inc.	ALIG 2	PY REGISTRAR 25h (E)	ISTRAR'S SIGNAT	shelf	
	87	28 Liberty Road	i Kandallst	cown, MD. 2	1133	4000	0			

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detached for use as the buriol-transit permit. Then please remove carbon appear with the State Dept. of Health and Mental Hygiene prior to burial, cremanian, ar remaval. IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or ather traumatic

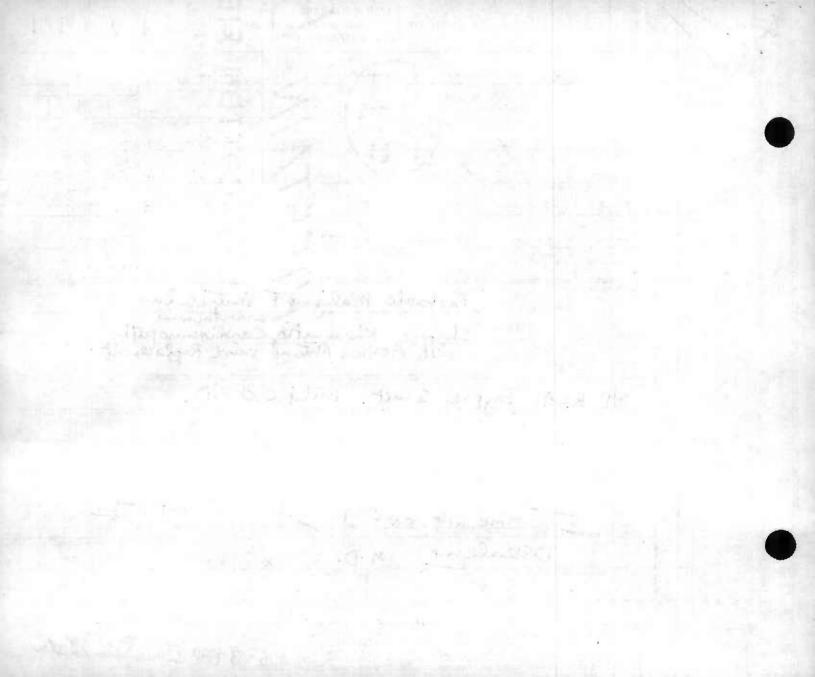
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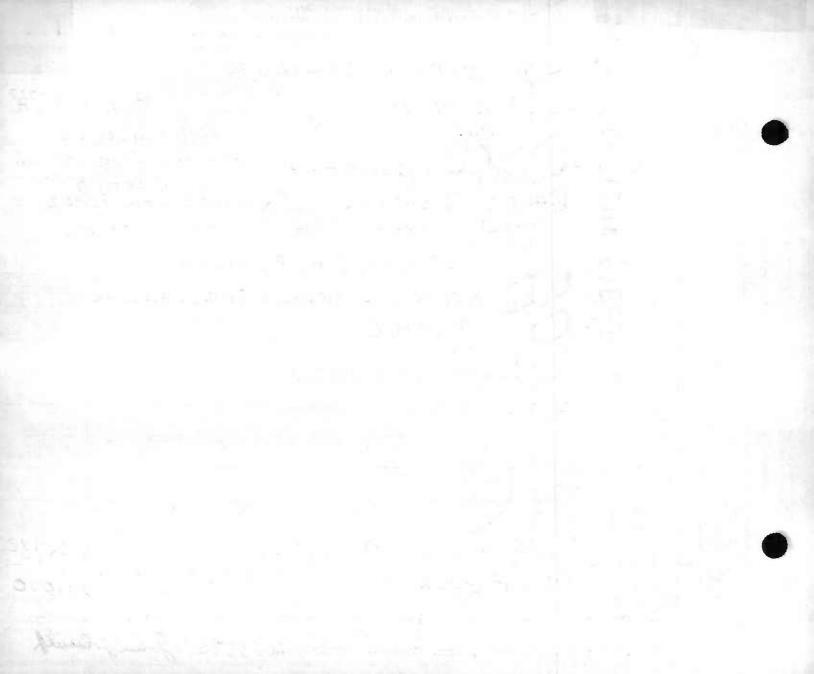


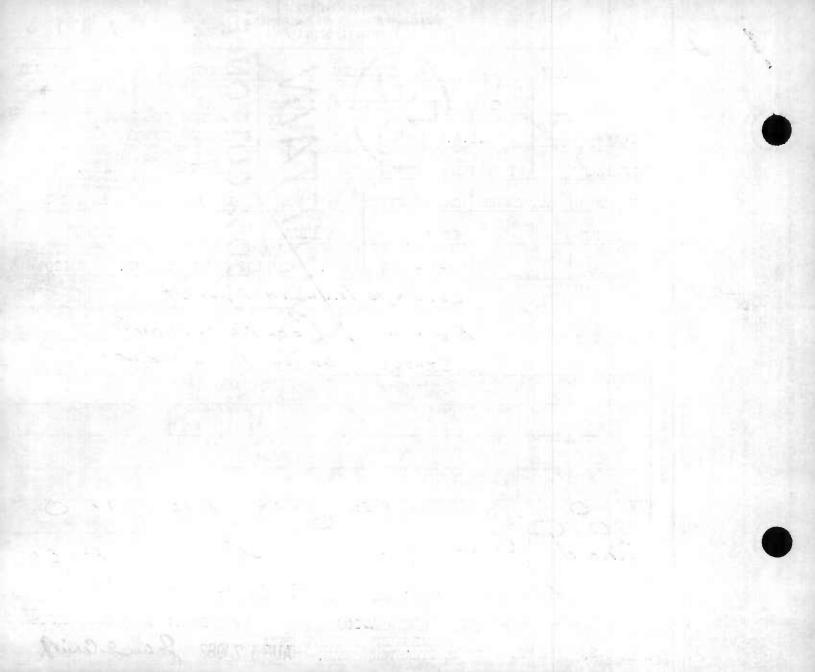
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.		
DECEASED NAME	FIRST	,	MIDDLE	57.	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE OR PRINT)	Bruce	Ge Ge	orge	Ebern	vein	August 1	. 1982		
. SEX	2-000	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	
Male		White		Marc	h 31, 1918	64	YRS.	INTHS! DAYS	HOURS MIN
BIRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	8	ED MEVER MARRIED	9. BALTIMORE CITY		F DEATH	
Vew York		USA		WIDOW		Baltimor	e Count	u	M
CITY OR TOWN OF D	EATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ION		OF BUSINESS OF
Villa Nova			amp field			Exec. Dir			or Crips
SUAL RESIDENCE (IF NO.		R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS			ren, Adı
Maryland		timore	Villa No		YES NO DO	7105 Camp			
FATHER'S NAME	12000			0.00	15. MOTHER'S MAIDEN NA	ME			
George	Ha	MIDDLE	Eberwein	7	Ella	MIDDLE	G	lasgo	
WAS DECEASED EVE	R IN U.S. AF	MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDI		7000	
(YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	079-09-6	8838	The lma Eberwe	ein 7105	Campfie	ld Rd	2720
	TH Enter o	nly one couse per	line far (o), (b), an					APPROX	XIMATE INTERVAL
PART I. DEATH			Partial	re	Malianani	Ventre Ce	lar		
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gave rise to i		(b)	50	12		11-U-10 D.	60000	116.	
cause (a), sta		DUE TO, O	R AS A CONSEQUE	NCE OF	tice Mitral	vauve pre	Bancom	guy	
underlying cau	se last.	( (c)					1	1000	
PART 2. OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BU	T NOT RELATED TO THE TERM	AINALDISEASE OR COL	NDITION GIVEN	IN PART 1	(a)
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190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES,		
₫						YES NOTE		NG CAUSES	S OF DEATH?
SIP 190 DATE OF OPER 210. ACCIDENT WAS I	INDERLYING T	7 21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	- 0000		L I OR PART 2)	
OR CONTRIBUTION	L.		M. MONTH DA	AY YEAR					
(IF EITHER NOTIFY M			M.	19	100 100 1710 1				
(IF EITHER NOTIFY M. 21d INJURY OCCL		21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	WHILE O			4	10	0	- Lhi	e	
22a.l certify that	(I) (this hosp	ital) attended th	e deceased fram_	~ ~ 3	ney 19 80	to New	m li	82	, that (I) (we) la
saw the dece	ased alive ar	at) view the bady	ofter death	38	ind that in (my) (oor) apinian	death occurred an the	date and hour o	and from the	e causes stated
226. SIGNATURE		1 0	)		DEGREE			22c. DATE	ESIGNED
	6	3812al	ang	9	D. ATTENDING	MEDICAL ST.	AFF ICIAN []	8/2	182
22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	•		22e ADDRESS	C Difference   Triffe		10/2	/ 02
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Burial, CREMATION		h Kalari		VAME OF	US Public He		се повр	ilai	
(SPECIFY)		8/3/82			ew Memorial Po	CITY OF TOWN	17.7.0 F	Balto	Md STATE
Cremation									
FUNERAL DIRECTOR	8728	Liberty	Ha. Har	raall.	stown, Md 250. DAI	TE REC'D. BY REGISTRA	KEGISTR	AND SIGNA	Tather
Loring Byer	es Fune	eral Dir	ectors, 1	inc.	21133 AU	6-3 1982	4 Parces	) my	, , ,

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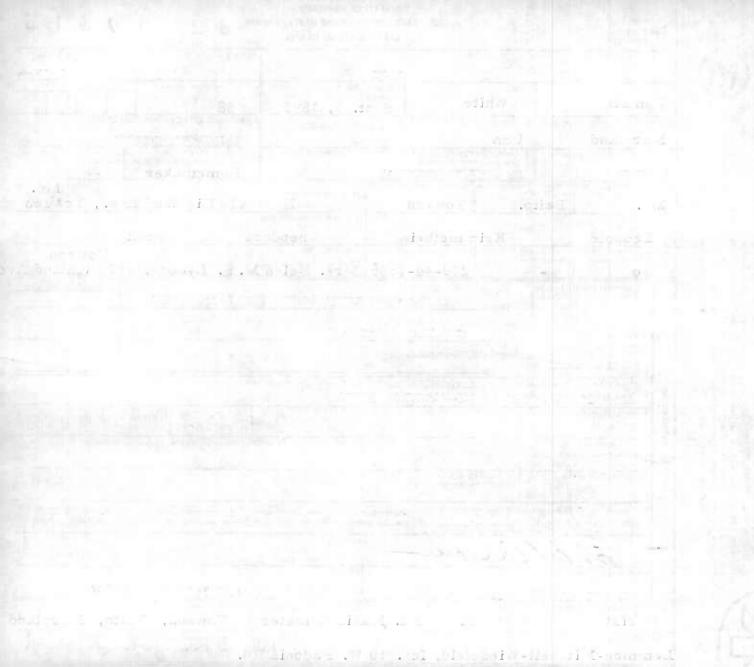
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

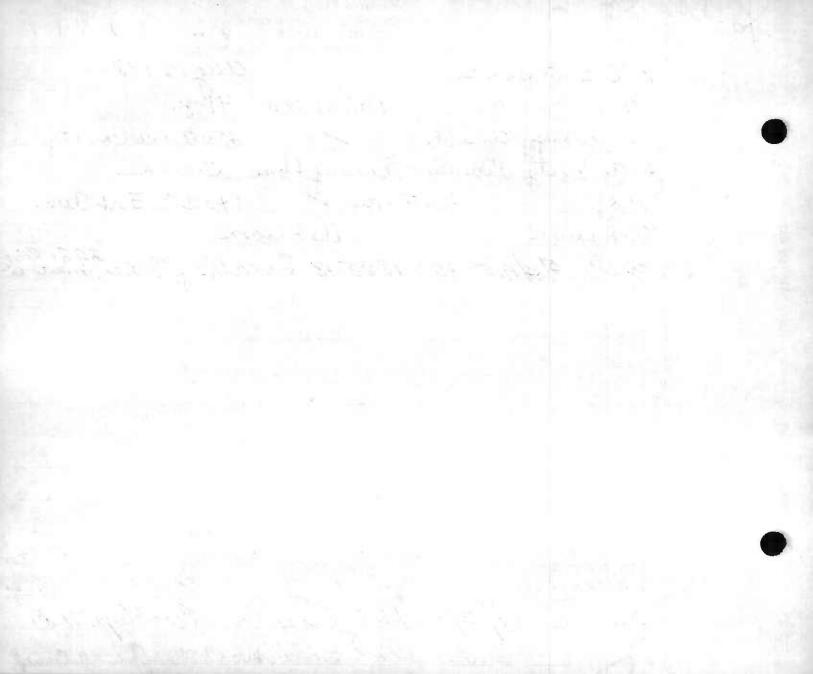
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(VRA 15, 4)



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	1	STATE OF MARYLAND
10 6	1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 8 1 7
a p	T DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR  12 1982  4 RACE 5, DATE OF BIRTH A AGE IN LAST BIRTHDAY) IF UNDER 24 HIR
	7. 0	M MONTH DAY 1890 9 YRS. MONTHS DAYS HOURS MIN
12 14 P	70 0	RTHPLACE (STATE OR ) 76 CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED   BOLLEMAN A  WIDOWED DIVORCED   BOLLEMAN A
of the state of th	1	ITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HUME OR OTHER INSTITUTION (TYPE OF WARPING MOST OF WORKING LIFE) INDUSTRY
ND 212	100	AL RESIDENCE IN MISSION OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13 (STREET ADDRESS)  13 (STREET ADDRESS)  13 (STREET ADDRESS)
MARYLA designation of section	4	ATHER'S MAME  IS. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST
IMORE.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  185 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  2/25/915  2/25/915  2/20-188548 Gelsa May Mode 12 mutou
es that the death certificate and by the attention physical please emoles corton paper policy, or other traumatic levent, the		CAUSE OF DEATH lenter only one cause per line for (a) (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
A RECORDS, and the low requirement them to be priced to the permit of th	TIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
SECIAN TO SECIAN TO SECIAN TO SECIAN TO SECIAN TO SECIAL HOUSE SECIAL	CAL CER	216. ACCIDENT WAS UNDERLYING OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MC PHYSICIA and Physicial political political throng Mental on the purell throng Mental	MEDI	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK COUNTY STATE  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION STREET CITY OF TOWN COUNTY STATE
T ATTENDER or seption of the other or seption o		22a.1 certify that (1) (this hospital) ottended the deceased fram  saw the deceased alive an  22 July  19 82  and that in (my) (aur) opinion deoth accurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the sady at a death.  DEGREE  22c. DATE SIGNED
PEOSHFAL OF CONTROL BY THE STANKEN DISTRIBUTE DE CHICALD IN THE STANKE DE CONTANT. IF IN	-	ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN   \$-12-82  721d. PHYSICIAN'S NAME (TYPE OR PRINT)  MORRIS RAINESS M.D. 1105 OLD EASTERN AVE Batte, Mel.
A// P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	73a -	HUR L, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN
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(VR A 15 (4))	6	Hailes Litteren trees that 150 E Following 13 1982 Que a C.



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	9819			
DECEASED NAME FIRST	elen	FAHEY	AST	August 26. 198	YEAR 25 HOUR			
3 SEX	4 RACE	5. DATE C	DE BIRTH		8:50 PM			
Female	cau		21/10 YEAR		ONTHS DAYS HOURS MIN.			
Balto.	76 CITIZEN OF	• A • WIDOWE		Baltimore County				
Baltimore		HEACILITY, GIVE STREET ADDRESS)	AL, NURSING HOME OR OTHER INSTITUTION  17. GIVE STREET ADDRESS)  1 Square Clothing Work or Work for Most of Working Life;  Clothing Worke:					
UAL RESIDENCE (IF NUR	R OTHER INSTITUTION	133 Baryor Down	13d. INSIDE CITY LIMITS? YES NO	509 N. Luzern	e Street			
John	WIDDLE	Fahey	Florenc	WE	Miller			
(YES, NOOR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS				
No		216-03-0763	Carolyn Ma	rciniak 1924 D	lineen Drive			
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per SED BY: ATE CAUSE (a)	Respiratory	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which	DUE TO, O	R AS A CONSEQUENCE OF Cerebrovascu	lar accident					
couse (a), stating the underlying cause lost.	DUE TO, O	r as a consequence of						
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	N IN PART 110			

Chronic renal failure

21f LOCATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE

and that in (m) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

saw the deceased alive

22a.1 certify that (\(\frac{1}{2}\)(this hospital) attended the deceased

DEGREE ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

22c. DATE SIGNED

STATE

COUNTY

J. Richter, MD

9000 Franklin Square Dr., 21237

23b. DATE 23 BURIAL, CREMATION, REMOVAL 8/30/82 Burial

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

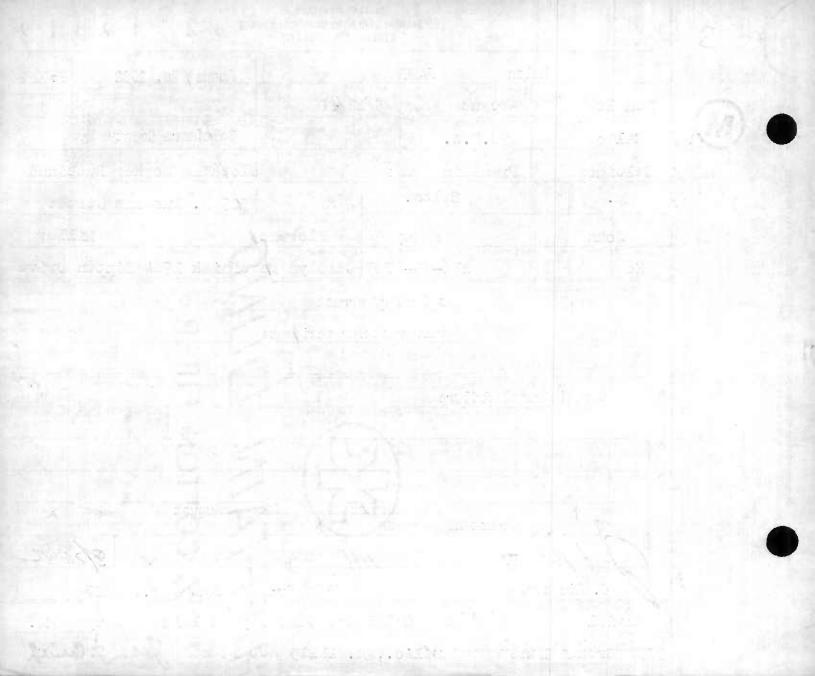
23d LOCATION Baltimore City

DHMH - 16 50M 1/81 (VRA 15, 4)

CERTIFICATION

MEDICAL

Balto., Md.



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The
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16	1.	FOR STATE			DEP	ARTMENT OF H	E OF MARTLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 4	1	98	2	
1		REGISTRAR CEASED NAME OR PRINT)	FIRST		MIDDLE	į	AST		MONTH E	DAY YEAR	2b HOUR	
1	3. SE		ILBER 14.R	ACE	н.	5. DATE C	RME I E R	6 AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 2	
13		MALE		WHI	TE	MONTH 3	17/17/1917		65 YRS	MONTHS DAYS	HOURS	
22	7a. B	RTHPLACE (STATE OR FO COUNTRY) ISSOURI	art.	U.S/.		MARRIE		9 BALT I MO	R COUNTY			
) ( )		DWSON	TH 11.	NAME OF	HOSPITAL, NI	NEET AD CHA	RLES ST.	Self Emplo			of Busines	
and the		AL RESIDENCE (IF NURSI	BAPUTM	nother institution, give residence before ad Timore 131. Howson			13d. INSIDE CITY LIMITS?	13e 30 EBarde 3n Court				
30	Herman H.				Fahrn	neier	15. MOTHER'S MAIDEN NAME				lersmeyer	
medicol	16a \	VAS DECEASED EVER I	U.S. ARMEE	D FORCES? AR OR DATES)	720-12	SECURITY NO. 2-4630	Mrs. Carlos	ADDRE B. Fahrmeie	ESS	196		
event, the		18 CAUSE OF DEATH PART I. DEATH W.		Y:	r line for (o), (b	o), and (c).)	SEPTICEMIA			APPROX BETWEEN	ONSET AND	
oumotic		Conditions, if any,	which (	DUE TO, O	R AS A CONS	EDOCHOL	ITHIASIS					
other tro	ħ.	gove rise to imm couse (a), stating underlying couse	g the	DUE TO, O	R AS A CONS	LYTIC	ANEMIA					
njury, ar	CERTIFICATION	PART 2 OTHER SIGN	IFICANT CON	IDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART I	0	
Shows ony		19a DATE OF OPERAT	ЮИ	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI		
18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	'ART I OR PART 2)		
kedor	MEDICAL	21d. INJURY OCCURR	ED		OF INJURY REET, FACTORY, O	FFICE FARM, ETC )	211 LOCATION STREET	CITY OR TO	MN	COUNTY	ST	
21 is mo		22a I certify that (I)	(this hospital)	ottended th	B deceosed f	rom 82 . o	nd that in (my) (our) apinion	to 8-28 death occurred on the de	ate and hou		that (I) (w	
T. If hem		obove, (1) (we) (did) (did not) view to long of the death  276. SIGNAJURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X								8/2	SIGNED 29/82	
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¥.	23a.	BURIAL CREMATION I	REMOVAL 2	36. DATE 8-31-1	L982	23c NAME OF C	EMETERY OR CREMATORY Hill	23d LOCATION Easton	Talbo	Founts W	aryl	
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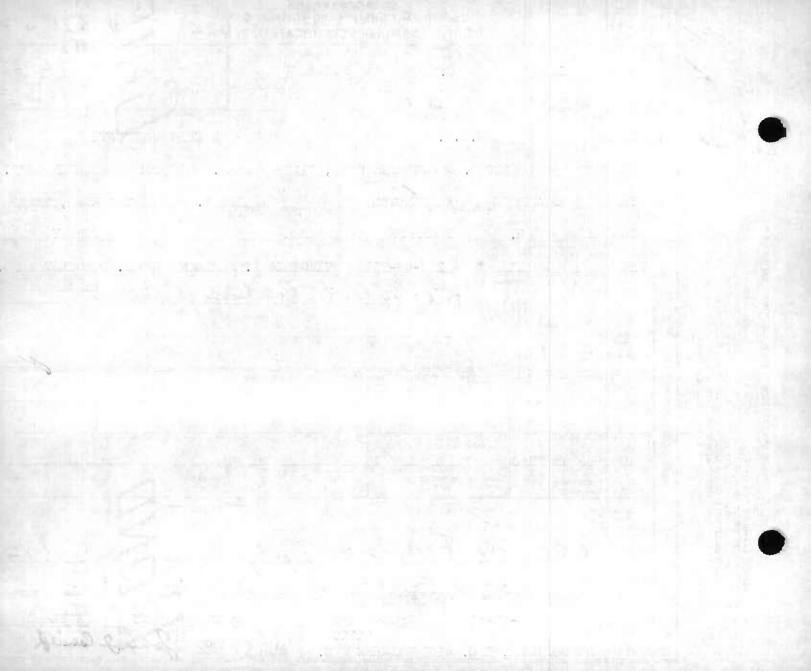
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0-		VAS DECEASED EVER IN	U.S. ARME	D FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMAN	NT T	A	DDRESS		
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o X p	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (	OF INJURY	ICE, FARM, ETC.)	211 LOCATION	N	cm	OII TIWN	COUNTY	STATE
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F # 3 8		BURIAL, CREMATION, R		23b. DATE			EMETERY OR C		23d. LOCATION		COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR STATE REGISTRAR DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-WILBUR GORDON FEHRMANN PM 26. HOUR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 DEAD 06 06 18 64 WHITE YRS BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED MARYLAND BALTIMORE COUNTY 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION I. CITY OR TOWN OF DEATH OR INDUSTRY KENSINGTON 800 S. DORCHESTER ROAD, 21229 PRIN. ENGINEER BENDIX CORP. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 3c. CITY OR TOWN NO X BALTIMORE KENSINGTON YES . 800 S. DORCHESTER ROAD, 21229 MARYLAND 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE FIRST LAST WILLIAM FEHRMANN MAE H. FORNEY 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW II 217-09-3175 FEHRMANN 800 S. DORCHESTER RD CAUSE OF DEATH (Enter only one cause per line for (a), 16), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 20 AUTOPSY? 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO [] BURIAL 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STATE STREET COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner Suicide Hamicide Natural causes TAGE 4 SHOU EXAMINER'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 08-13-82 LOUDON PARK BALTIMORE CITY MARYLAND CREMATION 24. FUNERAL DIRECTOR 21229 DHMH - 17 (VR A15 ME (5)) INC. 4107 WILKENS AVE. HUBBARD FUNERAL HOME. 15M 7/76



2b HOUR

20 DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY)

**BALTIMORE CITY OR COUNTY OF DEATH** 

REG. NO

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY OFFICE

106 SOUTH CASTLE ST.

YES [

STRACKE

NO [

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Advanced Arterios Jerotic Cardio Vascular Diseare

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED

24 FUNERAL DIRECTOR

DHWH-16:50M T/8T (VRA 15, 4)

- STATE

REGISTRAR

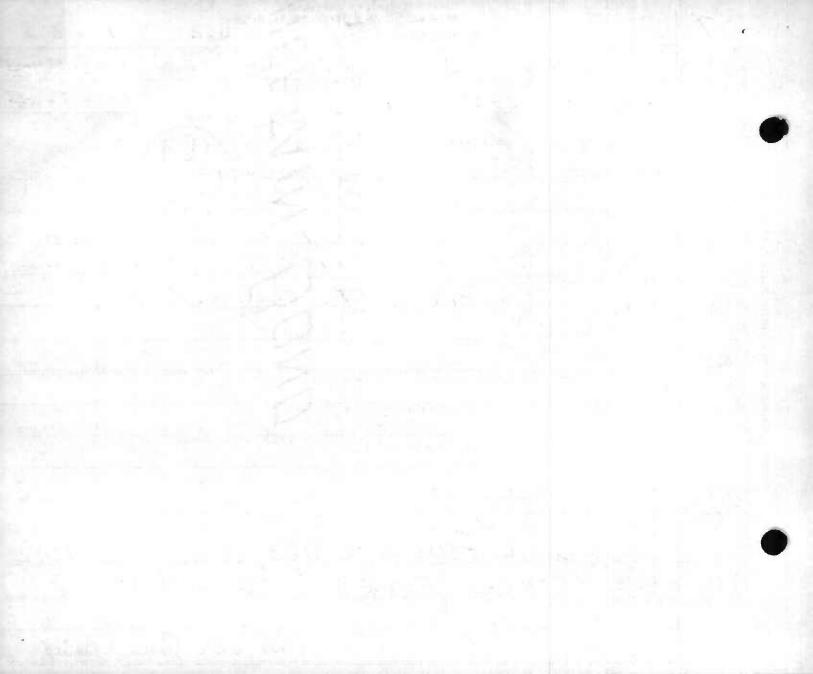
DECEASED NAME

25a. DATE REC'D.

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

Ama Elizabeth Feldmann 8. 6 82 3 811 Franch 12470 2 1893 1893 Towison Stella Maria Hospice will with 358131 The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS 24. DATE 2d. HOUR YEAR LAST BIRTHDAY) DAYS PRONOUNCED 20-11 Male White YRS DEAD 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) MD DIVORCED WIDOWED Baltimore County 2. AND 3 TO THE PAGE 2 SHOULD BE FILED AL RECORDS 0. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS (SENOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET OR INDUSTRY Randallstown State of Maryland Mt. Randallstown Baltimore County General USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NOVER 103 Old Court Road Pikesville WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF WHALE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE LAST Joseph Fertitta Rosaria Storaila Mrs. Anna Fertitta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No 212-05-0725 Court Road, Baltimore. 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI URIAL, CREMATION, C BURIALlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HE PRIOR TO BURIAL, 20 AUTOPSY? NO [ CATE, WRITING THE WOR FORWARDED TO THE CI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OF TOWN COUNTY STATE AT WORK 27a. I certify that I took charge of the remains described obave, held an Autopsy Inspection and in my opinion Suicide Homicide Undetermined manner DATE 8-12-82 EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 8/16/82 Lake View Memorial Pk. Burial Sykesville Carroll BP 44 FUNERAL DIRECTOR Loring Byers Funeral Directors, Indianarec D. BY REGISTRAR 8728 Liberty Rd., Randallstown, MD 21133 AUG 13 1982 **DHMH-17** (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME MONTH 26 HOUR TYPE OR PRINT! MARION B. FILLMORE 5 DATE OF BIRTH IF UNDER I YEAR 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS Oct. 25 1901 80 Caucasian Female BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Penna. MARRIED NEVER MARRIED DALTIMORE COUNTY WIDOWEDLX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TUWSON SAINT JUSEPH HOSPITA Homemaker OSUAL RESIDENCE LIF NURSING HOW OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3041 Mayfield Ave. 13d. INSIDE CITY LIMITS? Baltimore Md YES X NO [ 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Young Cora Charles Bowman ADDRESS Box 134 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT Marion Anthony (niece) St. Michael none no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ULMUNARY EMBOLISM IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARPIO VASCULAR DISEASTE underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CAKUNIC UBSTRUCTIVE PULMONARY DEASE, FRACTURE RIGHT HIP FRACTURE INTERTROCHANTERIC 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING POPULATE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH IF EITHER NOTIFY MEDICAL EXAMINER 21s. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OF ACT 220.1 certify that the (this haspital) attended the deceased from saw the deceased alive an above, (#(we) (did) (did) and that in (aur) apinian death accurred an the date and hour and from the causes stated view the bady after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS SAINT JUIRPH CHATEHAVAL VUTIAIGANON 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Cremation 8/16/82 Greenmount 14 FUSCATTAVNICK Funeral Home. Inc. DHMH - 16 50M 4/82 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

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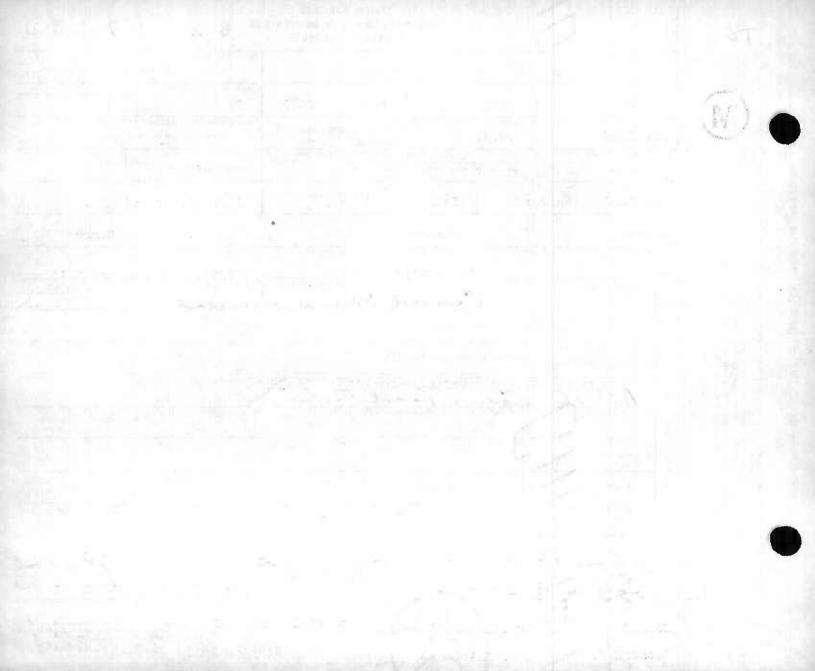
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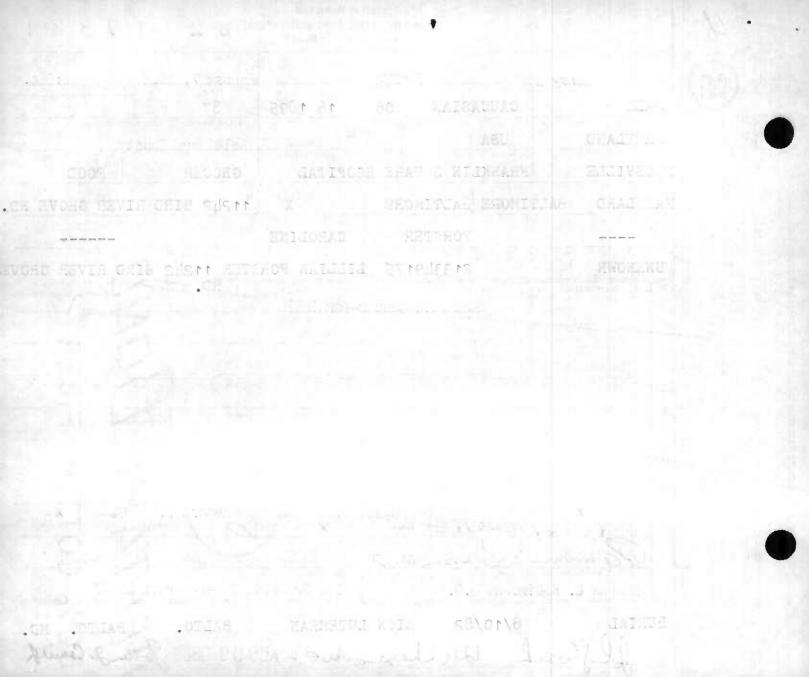
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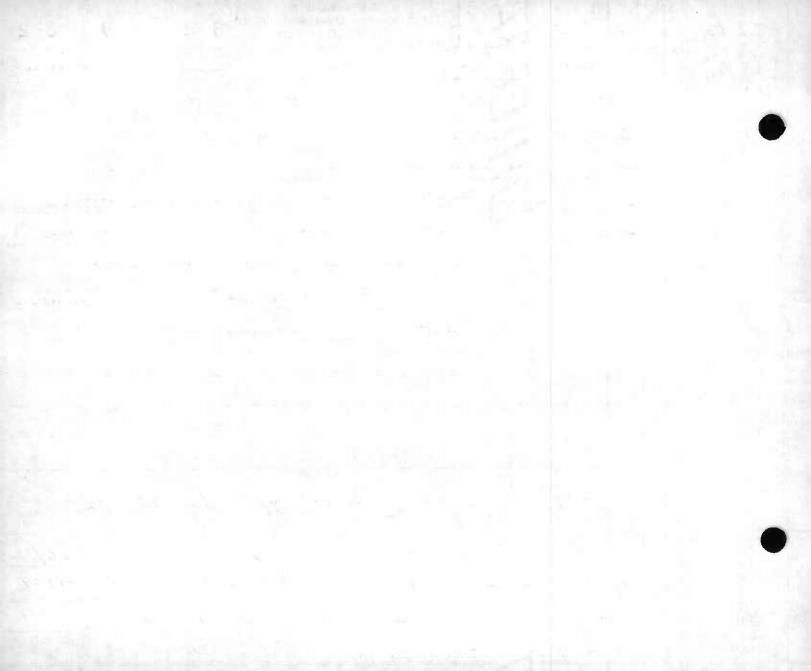
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ond N	MEDICAL	21d. INJURY OCCUR	RRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, I		21f. LOCAT	ION	CIT	Y OR TOWN	COUNTY	S	STATE
FUNERAL DIRECTOR: Jid be detoched for us the Stote Dept. of He ORTANT: If Item 21 is:		22a. I certify that X sow the decea above, (I) (we) ( 22b. SIGNATORE	(this hospit sed alive an (did) (did not	view the body			nd that in (my DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF	7h D	2-/s	oted
16 50M 4/B2	<i>B1</i> 24 FU	SURIAL, CREMATION SPECIFY  UTIAL  UNERAL DIRECTOR NAME CONARD  ONA	, REMOVAL	23b. DATE Aug. 23	,1982 NO	rolan	d Memor	rial Pa.	23d LOCATIO CITY OR TO Balt:	imore	COUNTY	Maryla	STATE

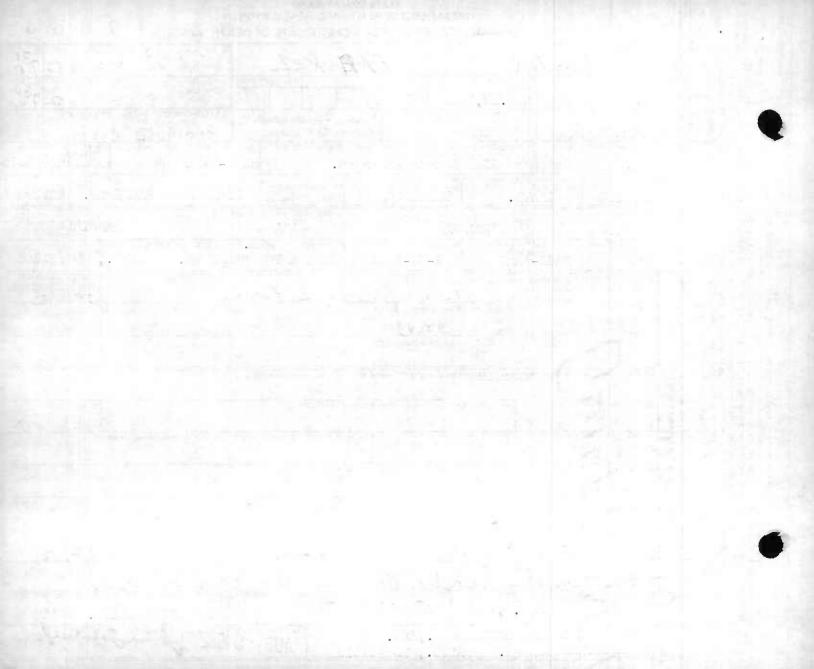




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ofter o	led with		SSEX		CH FACILITY, GIVE ST	REET ADDRESS)	or other institu nter		TYPE OF WORK FOR MO	ST OF WORKING L		OF BUSINESS OR
1120 OUTS	De fi	LIBU	AL RESIDENCE HE NURSING	UR OTHER INSTITUTION	, GIVE RESIDENCE B	EFORE ADMISSION	)					
ND 24 h	filled outdit	/	D.	OUNTY	Baltin		YES X N		2232 Lak		21213	
rthun	2 sh	14. F.	ATHER S NAME	MIDDLE	LAST		15 MOTHER'S M					
WAR	1 3 D		Louis	MIDDLE	Belz	2	Susie		WIDDL		Watk:	ins
ORE, xecut and co	es les		VAS DECEASED EVER IN U.S. ARMED FORC		166 SOCIALS	ECURITY NO	17 INFORMANT		AD	DRESS		
IMO e ex	Pog me		No	, one was on our 23,	220.44	.1479	Doris F.	deVri	es (s	ame as	13e)	
DIVISION OF VITAL RECORDS, 201 W. PRESTONE PRESTONE FOR PRESIDENCE The fave requires that the deci-	on been signed by the other common. Then please emproy a see price to backel, creamform, and only sujury, or other troum.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICA	b (b) DUE TO, O	R AS A CONSE	OUENCE OF	NOT RELATED TO	) THE TERMIN	AL DISEASE OR CO	20b. IF YE	VEN IN PART ) S, WERE FINDI	INGS USED
ITA	1114	1 1 1	210. ACCIDENT WAS UNDERLYING	G 216 TIME C	F INJURY		21c HOW INJUR	RY OCCURRED	YES NO		PART I OR PART 2)	NO []
OF V	111119		OR CONTRIBUTING CAUSE C	OF DEATH	M. MONTH	DAY YEAR						
VISION O	the house and Mercal Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFF		211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
II DI	TOR After the control of Health		22a.l certify that (I) (this has sow the deceased alivation obove, (I) (we) (did) (did)	e on thing	e deceased fro	2000	nd that in (my) (ou	19 <b>77</b> ur) opinion dec	to Acres	e dote and ho		, that (I) (we) lost e couses stated
<b>9</b> 19 19	y the hor tal, DIREC detoched on Dept 41. If hass		22b. SIGNATURE	ainen	ho	Ď.	DEGREE ATTE	ENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c DATE	26/PZ
D HOSPIL	TO FUNES should be with the Sa		122d, PHYSICIAN'S NAME (T		s. Ms.	2	122e ADDRESS	OLDE	ASTER	N A	VE.	21221
001		23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	1	36 NAME OF	EMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
83/8	3P		remation	8-27-1	982	Green :	Mount Cre					
	- 16 60M 1/75		UNERAL DIRECTOR		ADDRESS			250. DATE R	O 7 1082	AR 756 REGIS	TRAR'S SIGNA	Will
(VR	A 15 (4))	Wa	lter Brooks E	Bradley, I	nc. Bal	Lto. MD		AUG	4 1300	1	-0	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED NOV.19,1919 62 DEAD MALE WHITE Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
3501 ANTON FARMS RD. BALTIMORE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 134. INSIDE CITY LIMITS? 130. SIREE ADDRESS ON FARMS RD. BALTIMORE MARYLAND BALTO. 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME ELLA RADBILL FRANKEL HYMAN 17. INFORMANT MRS. PEGGY FARMINEL 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES. NO, OR UNKNOWN) 202-22-8448 3501 ANTON FARMS RD. BALTO., MD YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALUTE MUDGAR TAMONS IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which A SCV D gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH TI BALLINORE, MARYLAN Hamicide L death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 230 DATE AUG. 4, 1982 REISTERSTOWN 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 LEGISTRAR'S GINTURE SOL LEVINSON BROS., INC. **DHMH-17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO. MD 15M 7/77



1	1.	FOR STATE REGISTRAR		DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	19	8 3 4		
		OR PRINT)	FIRST	MIDDLE		AST		8-16-82	26. HOUR 9:10 pm		
	3. SE)	Female	4. RACE		FRAZI		& AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER 1			
5		RTHPLACE (STATE OR FOR POINTRY)		ZEN OF WHAT COU	MARRIE	D W NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF BALTIMORE		TH		
8		TY OR TOWN OF DEATH	(IF N	ME OF HOSPITAL, P NOT IN SUCH FACILITY, GIV JOSEPH HO	E STREET ADDRESS)		126. KIND OF BUSINESS OR INDUSTRY				
5	USUA Ma	AL RESIDENCE (IF NURSING STATE aryland	Baltimor				130 STREET ADDRESS 2506 Wind	isor Rd			
Ö	II. FA	ATHER'S NAME FIRST Burris	MIDDLE	Dewald		15. MOTHER'S MAIDEN NA/ FIRST Gladus	WIDDLE	Sheet	ts LAST		
		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FO (IF YES, GIVE WAR OR	DATES)	-20-1795	Mr Raymond .	ADDRES L Frazier	San	ME  IPPROXIMATE INTERVAL IWEEN ONSET AND DEATH		
		Conditions, if any, v	MEDIATE CAUS	E TO, OR AS A COM	isequence of .	ARTERIOSCLERO  Vascular D  HYPERT	TIC VASCULAR				
7	CERTIFICATION	PART 2 OTHER SIGNIF				NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
1		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	OUR A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCUR	YES NO X	YES YES YES TO YES	NO []		
,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT	PLACE OF INJURY HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR TOW	VN COUN	NTY STATE		
		22a.1 certify that X) (till saw the deceosed above, (IXwe) (did		ended the deceased $-16$ he body ofter death		1 , 19 82 and that in (My) (aur) apinion	deoth occurred on the do	te and haur and fra			
		226 SIGNATURE	Ang Springer	ww	13	ATTENDING PHYSICIAN [	MEDICAL STAF	F	DATE SIGNED		

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 8/20/82 Moreland Mem Park

23c NAME OF CEMETERY OR CREMATORY

7620 YORK ROAD TOWSON MD 21204 23d LOCATION
CITY OR TOWN

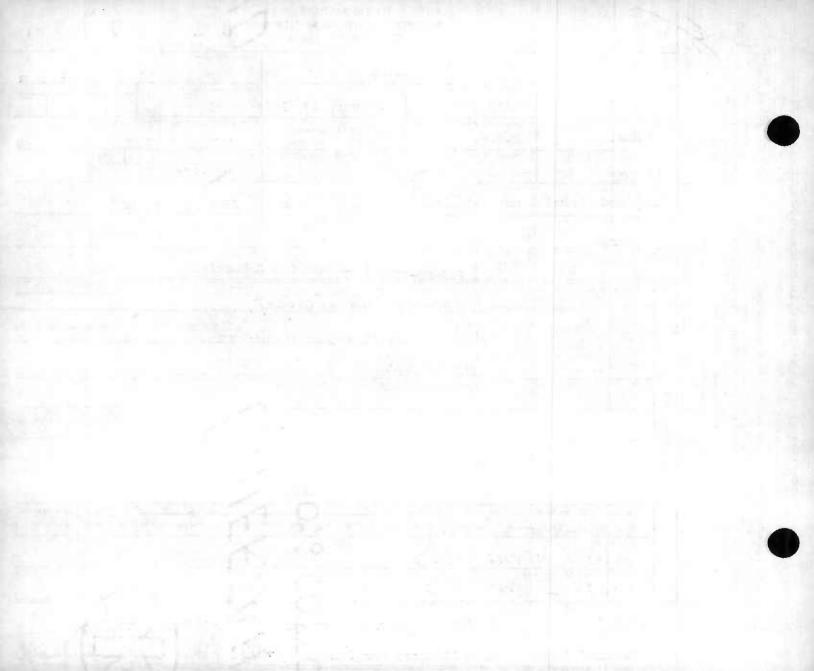
Baltimore, Maryland

STATE

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. RECAUGI 1 7 1982

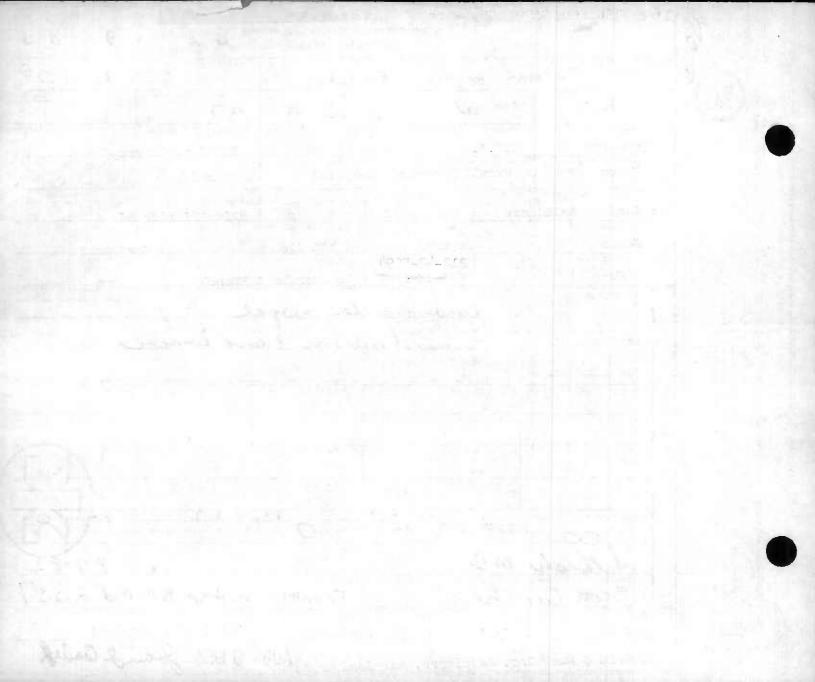
DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: H



STATE OF MARYLAND

Item #16b Film G570 8/24/82 rc



the attending physician

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar other traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.

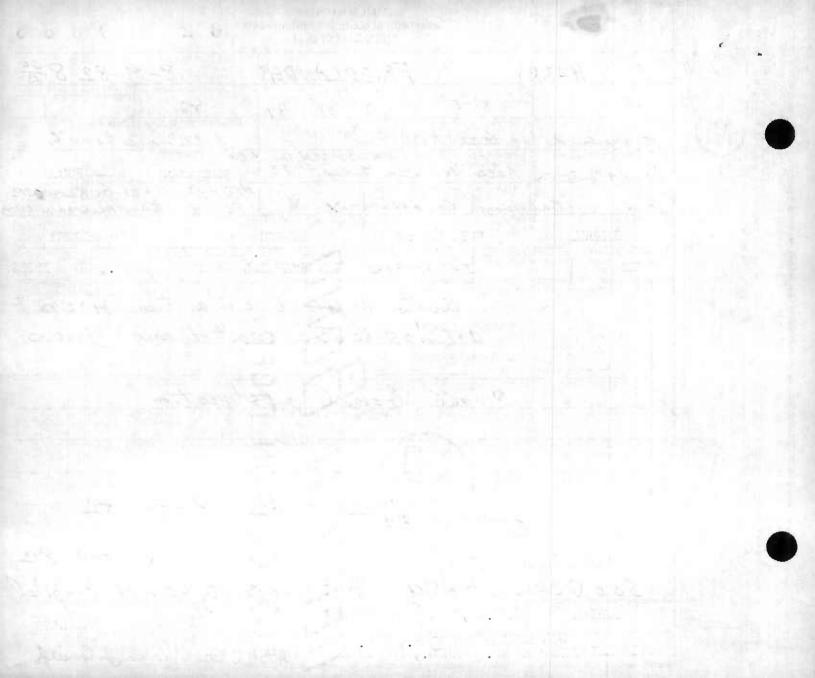
STATE	OF M	ARYLA	ND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	- STATE REGISTRAR		CI	RTIFI	CATE OF DEATH	REG. N	0.	9 8	5 6
6		CEASED NAME FIRST HARR		FA	RIE	DLANDER	20 DATE OF DEATH	8-9	-82 26	8 DM
	3 SE	MALE	Whi:		ATE OF	BIRTH DAY VEAR 99	6 AGE (IN YEARS LAST BIR	THDAY] IF		UNDER 244-RS
15		IRTHPLACE (5 ATE OR FOREIGN COUNTRY)  May land	TE CITIZEN OF V	- DIICCTAL	ARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		Caun	Ty MD.
B	E	andalistown	Balto	FACILITY, GIVE STREET ADDRE	SST X	lasp 21133	PARTIE OF WORK FOR MOST C	ER F WORKING LIFE)	126 KIND OF B	ODS
35	130.5	nd. Bul		GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Pandall	500	Jan	PRINCE -		SCHNARUSTO	
30		SAMUEL		RIEDLÂNDER		REBECCA	A		UNKNO	WN
1	16a V	WAS DECEASED EVER IN U.S. AR/ YES NO UNKNOWN) (IF YES, GIVI	MED FORCES? (WAR OR DATES)	166 SOCIAL SECURITY 215-32-39		119 SWANHI			O., MD	21208
	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR  DUE TO, OR  DUE TO, OR  CO  ONDITIONS CO	all b	OF BUT N	el ob:	structi	on		aus ?
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDINGS ING CAUSES OF	S USED DEATH?
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE	P.M 21e. PLACE C	I, MONTH DAY	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU CITY OR 10		COUNTY	STATE
		WHITE NOT WHITE 27 WORK AT WORK AT WORK AT WORK 20 Leertify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE	V	- 627	, 4110	that in (my) (our) opinion di	to 8-	9=, 19 ate and hour o		
1		Soon Clus 22d PHYSICIAN'S NAME (TYPE ON SOON) CH	PRINT) H 1	t ANA		ATTENDING PHYSICIAN D	MEDICAL STAIL DIRECTOR PHYSIC		8-9- 0 Hos	-82 h.L.C
	230 E	BURIAL CREMATION REMOVAL	<sup>23</sup> AUG <sup>E</sup> . 10	1/		VETERY OR CREMATORY	1238. LOCATION BALTIMO	RE	COUNTY	LAND
1		UNERAL DIRECTOR SOL 6010 REISTERSTO	LEVINSON WN RD.	& BROS. BALTO., MD	INC.	250 DATE AUG	REC'D. BY REGISTRAR	25h REGISTRA		

DHMH - 16 50M 1/8) (VRA 15, 4)

BP.



MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, th

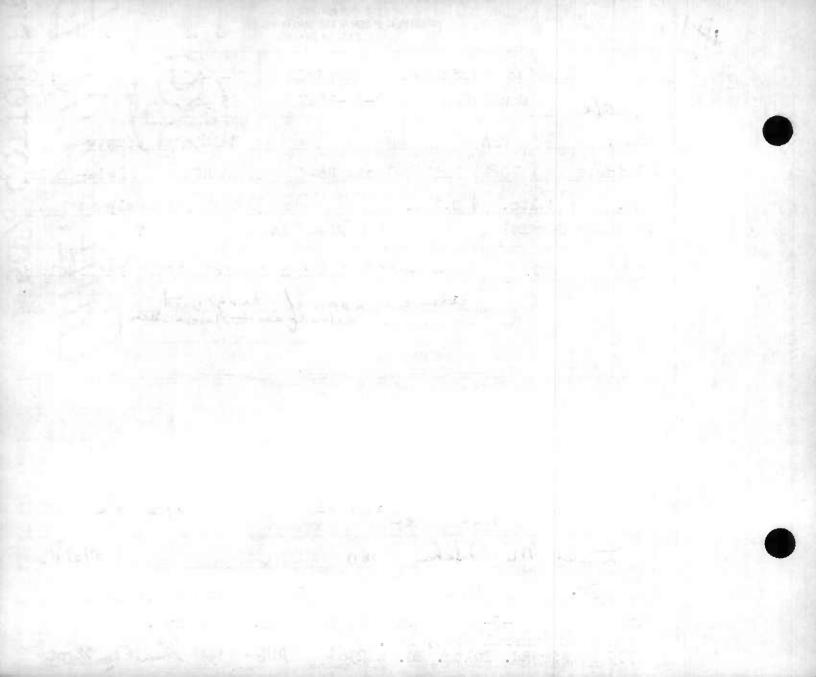
1	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARY SEALTH AND FICATE OF	MENTAL HYG	GIENE 8	2 REG. NO		9	8	3	7
		CEASED NAME	EIRST	15	WIDDLE		LAST		20 DATE O	FDEATH	MONTH	DAY YEA	AR 2b	HOUR	2
		. Out which	Amer:		Michael		Garai	fola	8-2	-198	2		1	9:30	O M
	3. SF	Male		Caucas	sian	5. DATE C	DF BIRTH 23-生9	)27 YEAR	6 AGE (IN)	yrs.	HDAY) YRS	# UNDER I Y	YEAR IF	UNDER 24	HRS MIN.
r		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER	MARRIED -	9 BALTIMO	RE CITY O	RCOUNTY	OF DEATH	Н		
2	P	enna.		USA		WIDOW	ED [	ONORCED -	Bal	timo	re C	ount	У		MD.
0	В	altimor	е	1082		address) lelph			12a USUAL (1YPE OF WOR Mecha	K FOR MOST OF		12b. KIN INDUST Sel	TRY	usiness mpl	or oyed
5	13a. S	AL RESIDENCE (IFN STATE Md.	13b COUN	other institution TY .to.	130. CITY OR TOW Balto.		YES 🗌	CITY LIMITS?	13° STREET 1082	ADDRESS Ph	ilad	elph:			
	14 FA	Vincengo	o Gara	fola	LAST		Mi C	r's MAIDEN NA chelina	ME 3.	MIDDLE	?		LAST		
		VAS DECEASED EV		WAR OR DATES)	204-12-		17 INFORM		Garafo	ADDRE			237	elni	hia
	z	Conditions, if only, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
7	CERTIFICATION	19a DATE OF OPER	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				ORMED	200 AUTO	DPSY?		S, WERE FIN	JSES OF			
1	MEDICAL CER	21a. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY M 21d. INJURY OCCU	CAUSE OF DEA EDICAL EXAMINER JRRED	P. 21e. PLACE	M. MONTH DA M.	AY YEAR 19	21¢ HOW I	NJURY OCCURI		TURE OF INJUR	Y IN ITEM IB P		1 2)	STAT	E
		220 I certify that sow the dece obove, (I) (we 22b. SIGNATURE	(1) (this hospit ased alive on ) (did) (did not	m of	10 8		DEGREE h D	ATTENDING PHYSICIAN	MEDICAL	d on the do	F				
		22d. PHYSICIAN'S D:			lahn		22e ADDRE		Samar	itan	Hos	pita	1		
		urial, cremation Burial	N, REMOVAL	23b. DATE 8-5-8				ew Cen	123d 1OC/			COUNTY		STAT	E

250. DATE REC'D. BY REGISTRAR THE BEGISTRAP STAGNATURE

Schimunek Funeral Home, Inc. 9705 Belair Rd. Balto. Md. 21236

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP



Lemmon-Mitchell-Wiedefeld, Inc., 10 W. Padonia Rd.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE OF DEATH MONTH 2b HOUR 1982 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 126 KIND OF BUSINESS OR Court Commissioner Legal Md. 8301 Hillendale Rd., Balto. Lemmon Mr. Francis X. Garrity, 8301 Hillendale R APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 LOURS 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) to opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN Maryland 8/10/82 New Cathedral Cem. Baltimore

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARYLAND 21201 AL RECORDS. DIVISION OF VIT

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

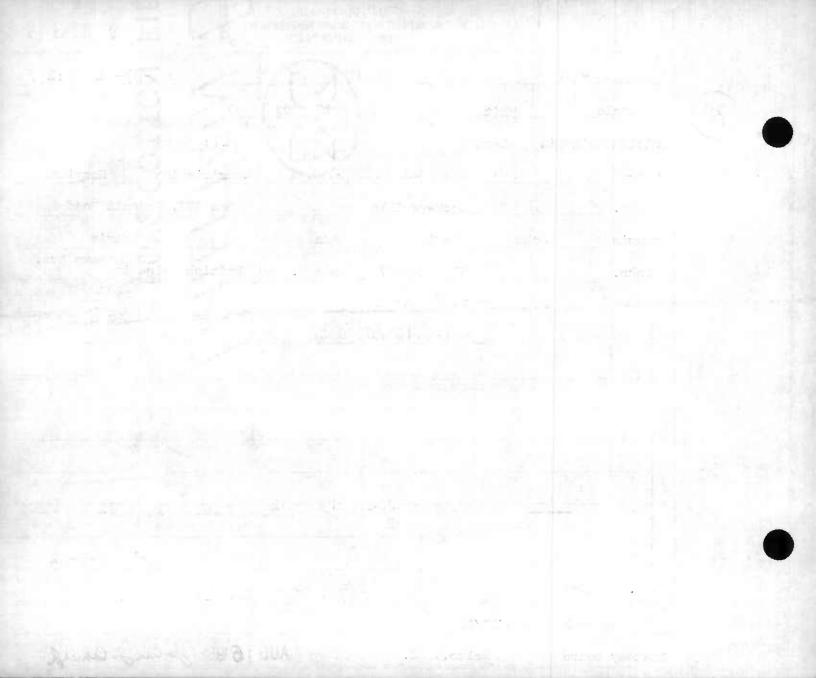
24 FUNERAL DIRECTOR

Balto. Md. Anatomy Board

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 16 1982

STATE

STATE



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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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0	Contract of the last

		REGISTRAR			CERTI	TICATE OF DEATH	REG. N	0		
		DECEASED NAME FIRST MIDDLE				LAST	20. DATE OF DEATH		AY YEAR	2b HOUR
	[TYPE	(TYPE OR PRINT)  ALLEYNE			GEI	GER	AUGUST 1,1982 9:			9:50 A
g.	3. SE	Х	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	e	Aug	. 26,1881 YEAR	100	YRS.	ONTHS DAYS	HOURS MIN.
-		70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT C		WHAT COUNTRY?	AT COUNTRY? 8 MARRIED NEVER MARRIED			R COUNTY	OF DEATH	
		Virginia	USA		WIDOW		Baltimo	re Co.		MD
)		Owings Mills	(IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET A ST. Home	DDRESS)	or other institution try land	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemak	F WORKING LIFE		F BUSINESS OR
1	USU.	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	M	aryland Balt	imore	Towson	100	YES NO X	1616 A1	ston R	d.	
	14 F A	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
		David S. Ke	MIDDLE	LAST		Columb	ia Ann Hath	21/21/	LAS	
-	16a V	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECUE	RITY NO.	17_INFORMANT	ADDRE	SS		
	- (	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-36-1	602	Baptist Home	of Md. Owi	ngs Mi	11s, M	d.
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)_	r as a conseque						
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C		EATH BUT	1600	NAL DISEASE OR CON	NOME.	N IN PART 110	
2	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH?
1	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIN .	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			CAMPLE	
	W	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE FA	RM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hosp sow the deceased olive are	7-7			nd that in (my) (cor) opinion of	, ta8	ate and haur	ond from the	that (1) (aua) last
		THE SHOWATONS	St of			DEGREE	I Land Land		22¢ DATE	
Ц		224 PHYSICIAN S NAME (1991)	d de		- 64	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		8	15/25
		John G. I		D		6805 Vork Pd	Dollai	144	21212	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

MPORTANT: If Item 21 is marked or Item 18 show

23a BURIAL, CREMATION, REMOVAL

Burial

should be detached for use os with the State Dept. of Health

Aug. 4,1982Morattico Baptist Church Kilmarnock.

6500 York Rd.

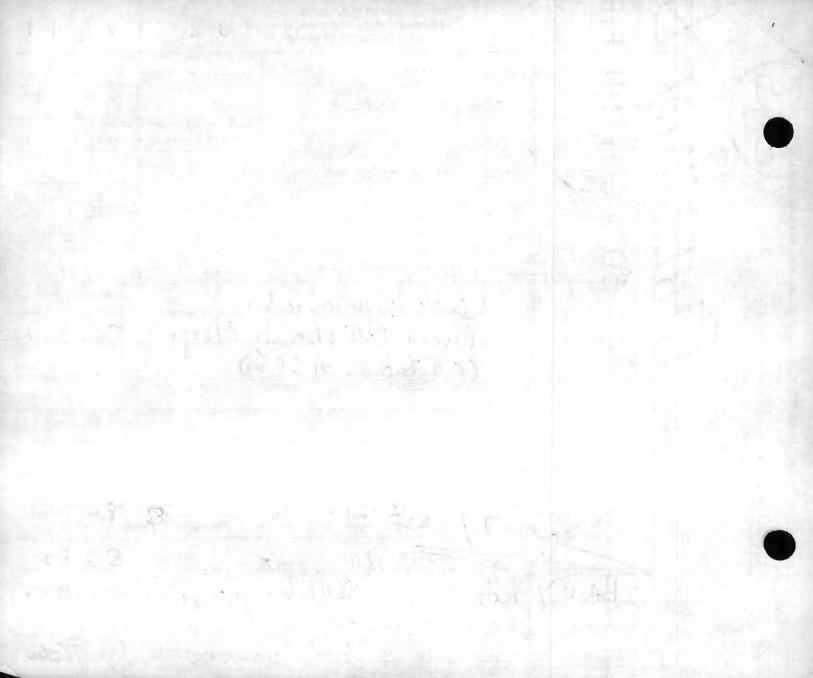
23d. LOCATION
CITYOR TOWN
CITYOR TOWN 74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.Balto., Md.21212

236 DATE

-00:2	SELL EURO	TELEVIOR	J. Van	<b>.</b>	i.e.r.
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. 5 . 6 . 13 . 2	1.2000	a tist			rial ito ell-isse

	1 -	STATE REGISTRAR		DEPARIN		ICATE OF DEATH	REG. NO	1 9	8 4 1	
		CEASED NAME FIRST		WIDDLE	7.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	_
	11176	Rose Eliza	abeth	Gei	sel		August 2,	1982	7:20 a	M
-	3 SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTI			
	F	'emale	Whit	e	10-2	23-86 YEAR	95	YRS MONTHS	DATS HOURS MIN.	
A		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OF		ATH	-
5		lary land	/ U.S.	A.	WIDOWE	D   NEVER MARRIED     ED [30 DIVORCED	Baltimor	e Countu		-
		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12b	KIND OF BUSINESS O	-
Ū		andallstown ALRESIDENCE (IF NURSING HOME C	Randal	Istown Co	nvale	escent Center	Home Maker	WORKING LIFE) IND	USTRY	
5	13a S	STATE 136 COU		13c. CITY OR TOWN	N 2	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2145 Lorra	ine Aven	ue	
Š	14. FA	THER'S NAME John	Miller	LAST		15 MOTHER'S MAIDEN NO. FIRST Amelia	**IDDIE		Steffen	s
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU			DorotheadDu			
1		No		213-10-	2528D	2145 Lorrain	e Avenue Wo	odlawn,	MD. 21207	
ì		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: (TE C AUSE (o)	line for (o) (b), one	lan	intru fail	hare.	Br	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
1		1749	DUE TO, O	R AS CONSEQUE	NCE OF		1 2/5		0 /	
		Conditions, if any, which gove rise to immediate	(b)_	Howance	20 0	L lucas	r. Oldapi		ino Birst	13
1		cause to , stating the underlying cause last.	DUE TO, O	RAS A CONSCOUR	NCE OF	r. Asc	(V)			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN P	'ART 110		
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO				N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?	
H	CERT	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY			
1	AL C	OR CONTRIBUTING CAUSE OF DE	MIN .	M. MONTH DA						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	211 LOCATION				-
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC J	STREET	CITY OR TOW	n cou	JNTY STATE	
		22a.l certify that (1) (this hosp	ital) attended th	e deceosed from	12.	21 - 1978	, to	19 8	1 that (1) (we) la	51
		saw the deceased alive a above, (1) (we) (did) (and n	n	olter death.	, 01	nd that in (my) (our) opinion	death accurred on the dat	te and hour and lin	om the causes stated	
		226 SIGNATURE	_	1		DEGREE			DATE SIGNED	
	- 3	V	A		1	7) ATTENDING PHYSICIAN	MEDICAL STAFF	AND S	2.82	
		SARU SARU	OR PRINT!	,	à.	8811 Liber	A load (	andelloto	wn. 67021133	
		BURIAL, CREMATION, REMOVA	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	3d LOCATION	COUNT	Y STATE	
		Entombment	8-4-8	2 Lor	raine	e Park Maus.	Woodlawn	Baltin	more, MD.	
	24 FL	INERAL DIRECTOLOTING	Byers F	uneral Di	recto		TE REC'D. BY REGISTRAR 2	Sh. REGISTRADIS	MATTERIOR	
	8	728 Liberty Ro	ad Rand	allstown,	Md.	21133 A	UG - 3 1982 [	sances X	ean faither	,

DHMH - 16 50M 1/B1 (VRA 15, 4)



Bowie. Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

(VRA 15, 4) 7/7B

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 maretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely liked way the new arrector, possible detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be if it is a through a virsaffer a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN: The law reretained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Deat of Health and Mental Hygiene prior to burial, cremation, or remayal.

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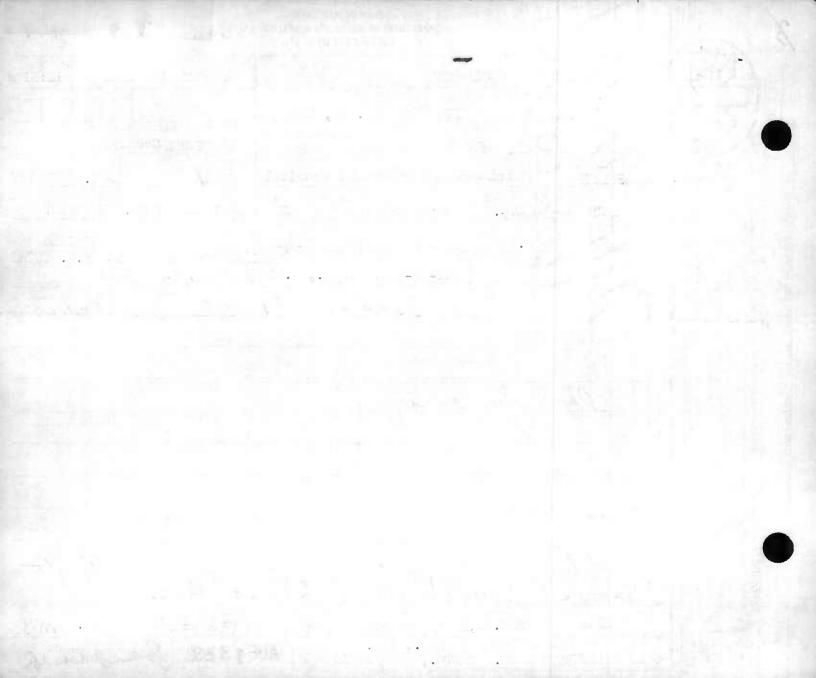
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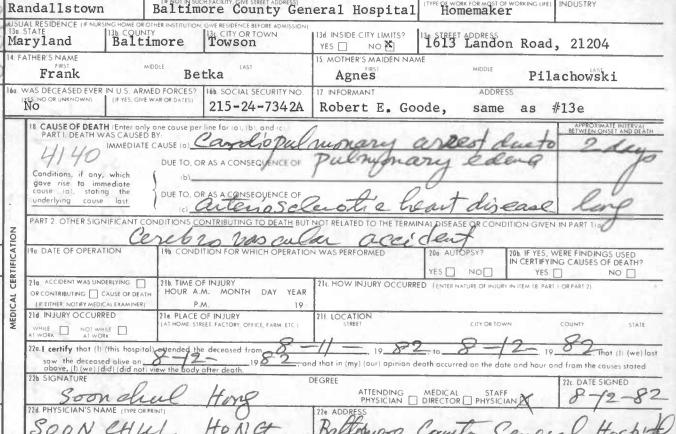
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) HATTIE GOLDBERG 11, 1982 AUGUST 12:51 a 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH F EMALE WHITE 83 DEC. 12, 1898 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE County ALABAMA USA WIDOWED X DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore County General Hospital SOC. SECURITY CLERK SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTO. BALTIMORE 6401 WALNUT ST. #21207 NOXX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE GUSFIELD LEE FANNIE MARX J. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO PHILIP ROTHSTEIN 900 N.E. 182nd 17 INFORMANT HEYES, GIVE WAR OR DATEST NO 220-05-9557A TERR., N.MIAMI BEACH, FL 33162 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 151000 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYRE OF PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY BURIAL AUG.12,1982 BALTO. BALTIMORE HEBREW 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215



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	FOR STATE REGISTRAR			DEPARTA	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 2 1 9 8 4				
	1. DECEASED NAME (TYPE OR PRINT)	INST OSZ		I	0	TOODE		NTH DAY	82 2 HC	D M	
	3. SEX Female		4. RACE White	е .	S. DATE (	St 21, 1893	6. AGE (IN YEARS LAST BIRTHD)	YRS IF UN	DER I YEAR IF UNDE		
5					MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Poltimore Country			MD.	
5	Randallstown    Name of Hospital, Nursing   Name of Hospital, Nursing					or other institution neral Hospital	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WE Homemaker		b. KIND OF BUSIN DUSTRY		
5	USUAL RESIDENCE (IF NÜRSI 130 STATE Maryland	13h COUN	other institution. ITY imore	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  TOWSON		13d INSIDE CITY LIMITS?	136 STREET ADDRESS 1613 Landon	Road,	21204		
30	14. FATHER'S NAME FIRST Frank		MIDDLE Bet	tka		15 MOTHER'S MAIDEN NA/ Agnes			chowski		
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR (165 NO OR UNKNOWN) (1F YES, GIVE WAR OR DATES) 215-24-73										
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  (b)										



Baltimore National

1050 York Rd.

Baltimore

AUG 1 6 1982

STATE

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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached far with the State Dept. of

IMPORTANT: If the

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

8-16 - 82

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

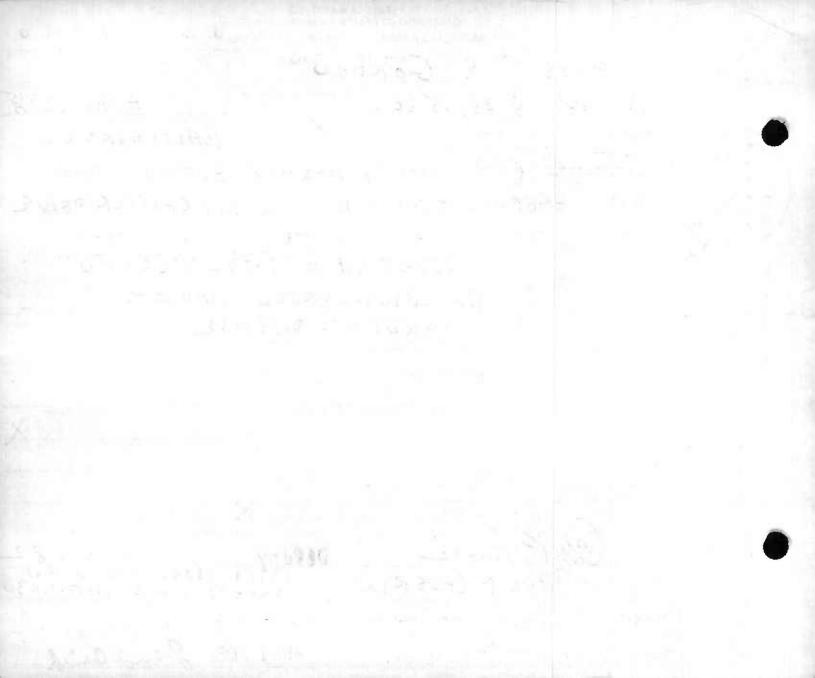
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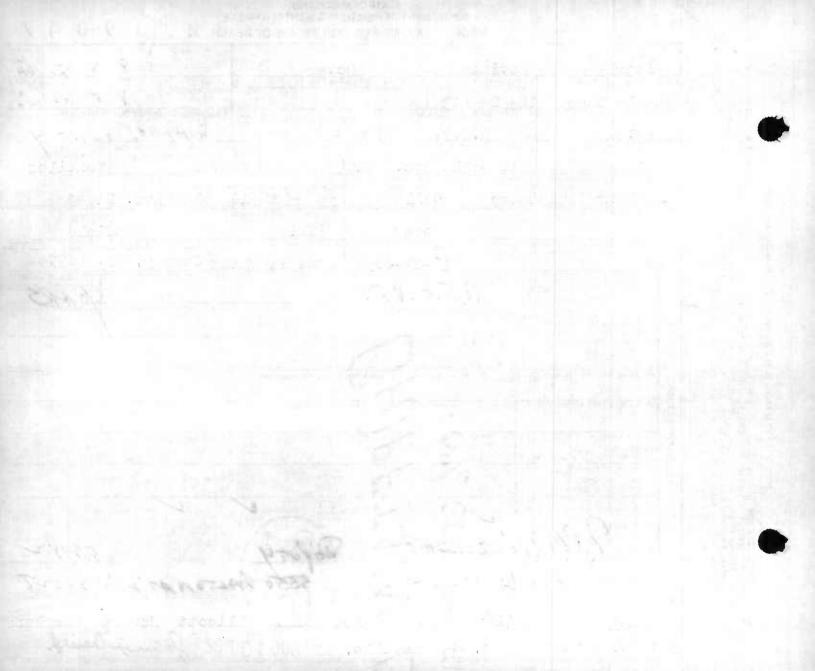
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A. RACE  Cauc.  1 HPLACE (STATE OR SH COUNTRY)  CYLAND  OR TOWN OF DEATH  1 ALESIDENCE (IF IN NURSING HOME OR R TE CYLAND  13b. COUNTY  14FR'S NAME	Lavinia Date of Birth Day 2 24 b. CITIZEN OF WHA  I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 0el DITHER INSTITUTION, GIVE MIDDLE ED FORCES? RE OR DATES)	YEAR  13  68  YR  AT COUNTRY?  A.  ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  12  12  12  13  14  15  16  16  17  17  17  18  18  18  18  18  18  18	B. MARRIED WIDOWED CONTROL OF OTHER INS 21043  13d. IM YES  15. M	YR. IF UNDER 24  YS. HOURS M  INEVER MARRIED  DIVORCED  STITUTION 13	20. DATE KNOWN OF ESTI- DEATH MATED  IHRS. 21. DATE PRONOUNCED DEAD  9. BALTIMORE CIT  20. USUAL OCCUPATION FOR MOST OF WORKING LIFE) WEAVET  Se. STREET ADDRESS 10 Oella  MIDDLE	MONTH DAY  FOR COUNTY OF  (TYPE OF WORK 11)	DEATH  DEATH  DEATH  AND OF BUSINESS Y  EXTENSION OF BUSINESS Y  EXTENS
R PRINT)  Pearl  A. RACE  Cauc.  HPLACE (STATE OR SM COUNTRY)  CYLANd  OR TOWN OF DEATH  ARESIDENCE (IF IN NURSING HOME OR CITY  TYLAND  HER'S NAME FRIST  NO. OR UNKNOWN)  R CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED EVER  B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED EVER IN U.S. ARME	Lavinia DATE OF BIRTH DAY 2 24  B. CITIZEN OF WHA  I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 0el  OTHER INSTITUTION, GIVE MIDDLE  ED FORCES? RE OR DATES)	YEAR  13  6. AGE (IN YEAR LAST BIRTHDA 68 YR AT COUNTRY?  AA.  ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  12  AVE. RESIDENCE BEFORE ADMISSIC 13C. CITY OR TOWN OELLA  GOVEY  166. SOCIAL SECURITY	GOVE  GOVE  GOVE  GOVE  GOVE  GOVE  GOVE  FUNDER 1  MONTHS DA  S.  8. MARRIED  WIDOWED  OR OTHER INS  21043  DN)  13d. IN  YES  15. M	YR IF UNDER 24  YYS HOURS M  I NEVER MARRIED  DIVORCED  STITUTION II  SIDE (ITY LIMITS? III  NO DITERS MAIDEN  FREST  Effice	OF ESTI- DEATH MATED  IHRS. 72. DATE PRONOUNCED DEAD  73. BAUTMORE CIT  74. DATE PRONOUNCED DEAD  75. BAUTMORE CIT  76. USUAL OCCUPATION FOR MOST OF WORKING LIFE)  76. STREET ADDRESS  76. O ella  MEDDLE	MONTH DAY  FOR COUNTY OF  (TYPE OF WORK TILL  TO  AVE 210	DEATH  DEATH  DEATH  AND OF BUSINESS Y  EXTENSION OF BUSINESS Y  EXTENS
A. RACE  Cauc.  HPLACE (STATE OR  SN COUNTRY)  CYLAND  OR TOWN OF DEATH  11  RESIDENCE (IF IN NURSING HOME OR OF  TE 13b. COUNTY  CYLAND BALTI  HER'S NAME  FRIST  S DECEASED EVER IN U.S. ARME  NO. OR UNKNOWN) (IF YES, GIVE WA  B CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY	DATE OF BIRTH MONTH DAY  2 24  b. CITIZEN OF WHA  1. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 0el.) DITHER INSTITUTION, GIVE MIDDLE  ED FORCES? AR OR DATES)	YEAR  13  68  4A  AT COUNTRY?  A.  ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  12  AVE.  RESIDENCE BEFORE ADMISSIC DITY OR TOWN  Oella  LAST  GOVET  166. SOCIAL SECURITY	8. MARRIED WIDOWED CONTROL ON THE INSTANTANT OF THE INSTANTANT ON	YR IF UNDER 24  YYS HOURS M  I NEVER MARRIED  DIVORCED  STITUTION II  SIDE (ITY LIMITS? III  NO DITERS MAIDEN  FREST  Effice	AIN.  21. DATE PRONOUNCED DEAD  22. USUAL OCCUPATION FOR MOST OF WORKING LIFE)  Weaver  32. STREET ADDRESS  510 Oella  MIDDLE	MONTH DAY  F  IY OR COUNTY OF  (TYPE OF WORK TELL  AVE 210	DEATH THE STATE OF BUSINESS OF STATE OF
CAUC.  THELACE (STATE OR SON COUNTY)  CYLAND  OR TOWN OF DEATH  TE 13b. COUNTY  CYLAND BALTI  HER'S NAME  FIRST  S DECEASED EVER IN U.S. ARME  NO. OR UNKNOWN)  CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY	MONTH DAY 2 24 b. CITIZEN OF WHA  U.S 1. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 Oel ) OTHER INSTITUTION, GNE MIDDLE  ED FORCES? R OR DATES)	YEAR  13 68 YR AT COUNTRY?  A.  ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  12 A AVE  RESIDENCE BEFORE ADMISSIC  13L, CITY OR TOWN  Oella  LAST  GOVEY  166. SOCIAL SECURITY	8. MARRIED WIDOWED C, OR OTHER INS 21043 N) 13d. IN YES 15. M	NEVER MARRIED  DIVORCED  STITUTION  SIDE (ITY LIMITS?  NOTE: FIRST  Effice	PRONOUNCED DEAD  7. BALTIMORE CIT  20. USUAL OCCUPATION FOR MOST OF WORKING LIFE)  WEAVER  SE STREET ADDRESS  10 Oella  MEDDLE	TYPE OF WORK THE	DEATH  ND OF BURN OR INDUSTRY EXTITE:
HPLACE (STATE OR STATE OR STAT	D. S.  I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 0el OTHER INSTITUTION, GIVE MIDDLE  ED FORCES? AR OR DATES)	13 68 YR AT COUNTRY?  A.  ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS)  12 AVE.  RESIDENCE SEFORE ADMISSIC  13C. CITY OR TOWN  Oella  LAST  GOVEY  166. SOCIAL SECURITY	8. MARRIED WIDOWED C, OR OTHER INS 21043  N) 13d. IN YES 15. M	NEVER MARRIED  DIVORCED  STITUTION  SIDE (ITY LIMITS?  NO D  OTHER'S MAIDEN  Effice	P. BALTIMORE CIT  20. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Weaver  30. STREET ADDRESS 510 Oella MIDDLE	Te Ave 210	ND OF BUSING PRINDUSTRY EXTILES
COUNTRY)  CYLAND  OR TOWN OF DEATH  TE  TIAN  TE  TE  TE  TE  TE  TE  TE  TE  TE  T	U.S  I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 0el DTHER INSTITUTION, GIVE MIDDLE  ED FORCES? AR OR DATES)	.A. ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  12 AVE. RESIDENCE BEFORE ADMISSIC  13c. CITY OR TOWN  Oella  LAST  GOVET  16b. SOCIAL SECURITY	WIDOWED	DIVORCED STITUTION 13 SISSEE (ITY LIMITS? 13 NO 12 OTHERS MAIDEN Effic	20. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Weaver 3e. STREET ADDRESS 510 Oella MIDDLE	Te Ave 210	ND OF BUSINESSEY extiles
CYLAND OR TOWN OF DEATH  PRESIDENCE (IF IN NURSING HOME OR CYLAND BALTI  STE   13b. COUNTY CYLAND BALTI  HER'S NAME FRIST  S DECEASED EVER IN U.S. ARME NO. OR UNKNOWN) (IF YES, GIVE WA  B CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E	I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 Oel DITHER INSTITUTION, GIVE MIDDLE	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  1. A AVE.  RESIDENCE BEFORE ADMISSIC  1.3c. CITY OR TOWN  Oella  LAST  GOVEY  166. SOCIAL SECURITY	WIDOWED	DIVORCED STITUTION 13 SISSEE (ITY LIMITS? 13 NO 12 OTHERS MAIDEN Effic	20. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Weaver  30. STREET ADDRESS 510 Oella NAME MIDDLE	Ave. 210	xtile:
OR TOWN OF DEATH  RESIDENCE (IF IN NURSING HOME OR C TE	I. NAME OF HOSPI (IF NOT IN SUCH FACIL 510 Oel DITHER INSTITUTION, GIVE MIDDLE	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)  1. A AVE.  RESIDENCE BEFORE ADMISSIC  1.3c. CITY OR TOWN  Oella  LAST  GOVEY  166. SOCIAL SECURITY	21043   13d. IN YES   15. M   I	ISIDE (ITY LIMITS? 13 NO 12 OTHER'S MAIDEN Effic	FOR MOST OF WORKING LIFE) Weaver  Be STREET ADDRESS 510 Oella MAME MIDDLE	Ave. 210	xtile:
RESIDENCE (IF IN NURSING HOME OR OF TE 13. COUNTY DYLAND BALTI HER'S NAME FERST  S DECEASED EVER IN U.S. ARME (IF YES, GIVE WAR OR UNKNOWN) (IF YES, GIVE WAR OR UNKNOWN) PARTI DEATH WAS CAUSED BY PARTI DEATH WAS CAUSED	510 Oel OTHER INSTITUTION, GIVEMOTE MIDDLE ED FORCES? AR OR DATES)	la Ave.  RESIDENCE BEFORE ADMISSIO  130. CITY OR TOWN  Oella  LAST  Gover  16b. SOCIAL SECURITY	13d. IN YES 15. M T NO. 17 IN	OTHER'S MAIDEN Effie	Weaver  Be STREET ADDRESS 510 Oella A NAME MIDDLE	Ave. 210	xtile:
TE 13b. COUNTY BALTI HER'S NAME FRIST  S DECEASED EVER IN U.S. ARME (IF YES, GIVE WAR)  3 CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED E	MIDDLE D FORCES?	lac city or town Oella  LAST GOVET  166. SOCIAL SECURITY	13d. IN YES 15. M T NO. 17 IN	OTHER'S MAIDEN Effie	3. STREET ADDRESS 510 0ella 1 NAME MIDDLE	Ave. 210	43
TYLAND BALTI HER'S NAME  S DECEASED EVER IN U.S. ARME NO. OR UNKNOWN)  1 F YES, GIVE WA  CAUSE OF DEATH (Enter only PARTIDEATH WAS CAUSED E	MIDDLE  D FORCES?  OR OR DATES)	Oella  Gover  166. SOCIAL SECURITY	YES 15. M 17. NO. 17. IN	OTHER'S MAIDEN Effie	NAME MIDDLE		
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CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E	AR OR DATES)	16b. SOCIAL SECURITY	NO. 17 IN				TAST D. C.
CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E	AR OR DATES)				8280DR	Washing	ton B
CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E			SOU To	ine Vine	gling Jessu	MD.	20794
PARTIDEATH WAS CAUSED B			774 100	TITE TITLE	PTTIE COPP		APPROXIMATE INTI
/ / - MAMEDIATE	SY: 17	ar (b), and (c).)	9			AEI	TWEEN ONSET AN
4 14		S A CONSEQUENCE C	A			7	MAK
Canditions, if any, which	DUE TO, OR A	S A CONSEQUENCE C	)r			X	
gave rise to immediate	(b)					/	
cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR A	S A CONSEQUENCE C	)F				
	(c)						
ART 2 OTHER SIGNIFICANT CONDITIONS <u>co</u>	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE OR COM	IDITION GIVEN IN PART 1	(o).		
O DATE OF OPERATION	119h CONDITIO	ON FOR WHICH OPERA	ATION WAS PE	REORMED?		120	AUTOPSY?
						10.	
Io. EXTERNAL CAUSE WAS	71b. TIME OF II	NIURY	1217 HOW IN	IURY OCCURPED	ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 21	YES N
NDERLYING OR	HOUR A.M.	MONTH DAY YEAR		, our occorned	THE STATE OF THE STATE OF THE		
		FINITIPY (ATHONS	1216 LOCATIO	N			
			STREET		CITY OR TOWN	COUNTY	
T WORK AT WORK							
	INT 2 OTHER SIGNIFICANT CONDITIONS CO	In EXTERNAL CAUSE WAS NOTRIBUTING OR ONTRIBUTING OR ONTRIBUTING OR ONTRIBUTING OR ONTRIBUTING OR ONTRIBUTING A.M.  In Injury occurred 21e Place of	In EXTERNAL CAUSE WAS NOTERLYING OR ONTRIBUTING OR A.M. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL CAUSE WAS NOTERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19  d. INJURY OCCURRED 216 PLACE OF INJURY (AT HOME,	In EXTERNAL CAUSE WAS NOTERLY OR ON TREBUTING OF AM. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF COMMITTED TO THE THE	In External Cause was not related to the terminal disease or condition given in part 1 in the present of the present of the terminal disease or condition given in part 1 in the present of the present of the terminal disease or condition of the part in the pa	Lying cause last.  (c)  ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e).  10. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10. EXTERNAL CAUSE WAS  NDERLYING OR  ONTRIBUTING CAUSE OF DEATH  19. P.M.  19 P.M.  19 PLACE OF INJURY (AT HOME, 21f. LOCATION	Section



FOR STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	DECEASED NAME FIR	ST A	AIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Kenn			RANT	August :		2:00 A
3.5	Male	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	MONIHS DAYS	H OTTOLK 2 WITH
In.	BIRTHPLACE IN ATE OR FOREIG		WHAT COUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	Maruland	U.S.A	MARRI WIDOW	ED NEVER MARRIED DIVORCED	Baltimore		MD
10.	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		12a USUAL OCCUPAT	ION 12b. KIND	OF BUSINESS OR
	Rossville	Fran	klin Square H		Retired	DE WORKING LIFE) INDUSTRY	4 Steel
1	Paryland B	COUNTY Baltimone	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	1648 Will	iams Avenue	21221
14	FATHER'S NAME FIRST	MIDDLE	rant	ALLA	WIDDIE	Mc Elro	
160	WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF	S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	Margaret M	Grant 16		
F	18 CAUSE OF DEATH (En	nter only one couse per	line for (o), (b), and (c)		7	APPRO	XIMATE INTERVAL
NOI	underlying couse to	DUE TO, OR  (c) I  ANT CONDITIONS CO	ras a consequence of rreversible H	Base Imbaland ypovolemia, Hy TNOT RELATED TO THE TERM	ypotension	DITION GIVEN IN PART 1	Ho '
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	INGS USED S OF DEATH?
	OR COMPRISION TO CAUSE	OF DEATH HOUR A.A	A. MONTH DAY YEAR	21¢ HOW INJURY OCCUR			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY SET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	City OR 10	WN COUNTY	STATE
	obove, we (we) (did).	hospital) attended the	deceosed from Augu 31 19 82 . c	and that in (my) ( opinion	, to _Augus t death occurred on the do	31 . 19 82 ote and hour and from the	, that (I) (1) last e couses stated
	22b. SIGNATURE	Dream	MO		MEDICAL STAI DIRECTOR PHYSIC	FF _	131/92
	228 PHYSICIAN'S NAME	E GRIE	NER	9000 Fra	when Sq	une Drevi	
230.	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF	-	23d LOCATION	COUNTY	STATE
74	<b>BURIAL</b> FUNERAL DIRECTOR	7-3-	82   Oak L	aun Cemetery	Eastwood	1 , Balto, Co.	Md.
	NAME	Son Inc. 6	224 Eastern A	venue s	EP 2 1982	John J.	. Comief
						17	

DHMH - 16 50M 1/81 (VRA 15, 4)

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	Restinet	lakiesoli s			
न्दर्रा ३		1/12	1		
and probability	1 27.7	Masonsoft .		2	Yes

	STATE OF MARYLA
EOP	DED A DESIGNATION OF ALCOHOLOGICAL AND A

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
I. DECEASED NAME FIRST (TYPE OR PRINT) Ethel		vian	Grea	ithouse	20 DATE OF DEATH August		DAY YEAR	26 HOUR
Female	White		5. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN Rhode Island	76 CITIZEN OF V	WHAT COUNTRY?	8	DE NEVER MARRIED	Baltimore City of Baltimore			MD
IS CITY OR TOWN OF DEATH  Edgemere	23 Krof	OSPITAL, NURSIN HEACHITY, GIVE STREET Lane	IG HOME (	OR OTHER INSTITUTION 21219	120 USUAL OCCUPAT			F BUSINESS OR
	OR OTHER INSTITUTION, UNITY LIMOTE	GIVE RESIDENCE BEFORE  13. CITY OR TOW  Edgemere		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 23 Kroft	Lane	2121	9
14 FATHER'S NAME Charles	MIDDLE	Bood		15 MOTHER'S MAIDEN NA ROSE	WE	Bea	ijregar	à
I 60, WAS DECEASED EVER IN U.S. A	THE WAR OR DATES	166 SOCIAL SECU 036-18-7		John W. Great	thouse 23 K		ane 21	219
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR	AS A CONSEQUE	NCE OF	7. 0.	yr failu	-	EN IN PART TIC	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	P.A.	a, month da a,	19	211 LOCATION STREET		IRY IN ITEM 18 PA		STATE
220 I certify that (I) (the has saw the deceased alive a above, (I) (and that (did not be said to b	nn	19		DEGREE ATTENDING	death occurred on the d	FF		
BA YIN C	ORPRINT)			220 ADDRESS 881- BACO.	1 RELF	11R 212?	ROAS	
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b DATE 8/10/			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN WORWIC	k	COUNTY	STATE P T

DHMH - 16 50M 1/B1 (VRA 15, 4)

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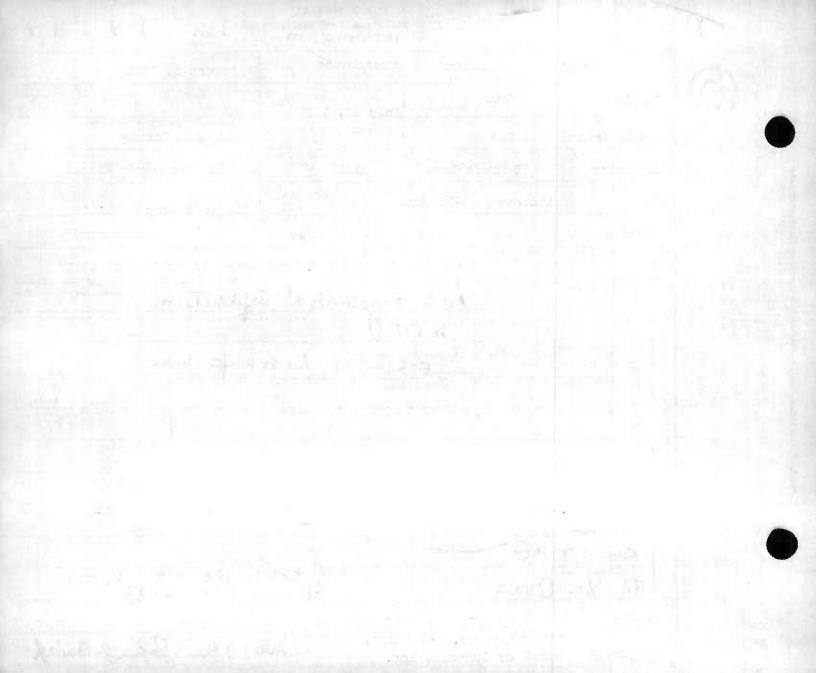
ntol Hygiene prior to buriol, cr

8/10/82

All Saints

Worwick

7922 Wise Ave. Baltimore, MD 2122 Dis DAIE RECT. BY 74 FUNERAL DIRECTOR 7922 Wise Ave. Baltimon



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H. HARKINS, DELTA,

FOR

STATE OF MARYLAND

Village Control of the State of The rest of the second where it is the state of the st HILLIAN IN THE MINISTER OF THE STATE OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	GIENE 8	REG. NO.	1 9	8 (	5	1
	CEASED NAME	FIRST	,	MIDDLE	-	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	26 HOU	R
1	CORPRINT	101	D	F /	211	BISCH		0	20	27	07	200
3. SE	х	1	RACE		5 DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER	24 HRS
	1-emale		white		Feb		87		MONTHS	DAYS	HOURS 1	MIN.
70. B	IRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8	- 27 , 2000		YRS		ATH		
i	Mary land		U.S.A	1.	WIDOWE			more Cou				MD.
	ITY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution eral Hospital	12a USUAL O	ccupation for most of working Frederic	G LIFE) IND	DUSTRY	F BUSINE	SS OR
USU	AL RESIDENCE (IF NURS					erai nospriai	net.	rreaeric	κ ψο.	, DCI	10018	3
130	MD	Balt	Y	Randalls	/N	138 INSIDE CITY LIMITS? YES NO.25	26 She	odress Praton Rd				
14. F	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE	- 111			
1	Marion			nuck		Ida		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C	ong	IASI		
	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS 26	Sher	cator	n Rd.	
	No	(IF YES, GIVE	WAR OR DATES	215-34-3	754	Mrs. Virgini	ia Lutz	Randalls	town,	, Md.	. 21:	133
	Conditions, if ony, gove rise to improve couse (a), statin underlying couse	nediote ng the	DUE TO, OF	RAS A CONSEQUI	Jn	ferola	Terra	l wa	29.0	lee	)·	
NO	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE	OR CONDITION (	SIVEN IN F	PART 110		
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	PSY?   20b. IF Y	YES, WERE	FINDIN	GS USED OF DEATH	H?
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTERNAL	JRE OF INJURY IN ITEM I	8 PART OR	PARI 2)		
MEDICAL	21d INJURY OCCURE  WHILE NOT WHAT WORK AT WORK	ILE [	21e PLACE (	OF INJURY EET FACTORY OFFICE F	ARM ETC )	211. LOCATION STREET		CITY OR TOWN	cou	YINU	51	TATE
	22a. I certify that (1) sow the decess obove, (1) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospite ed olive on _ did) (did not)	view the body	19			deoth occurred  MEDICAL DIRECTOR	STAFF PHYSICIAN		c. DATES	9/8	
230 1	BURIAL, CREMATION, (SPECIFY)	REMOVAL	23b. DATE 9/1/8			emetery or crematory ivet Cemetery	23d LOCAT		reder	rick	MI	)'E

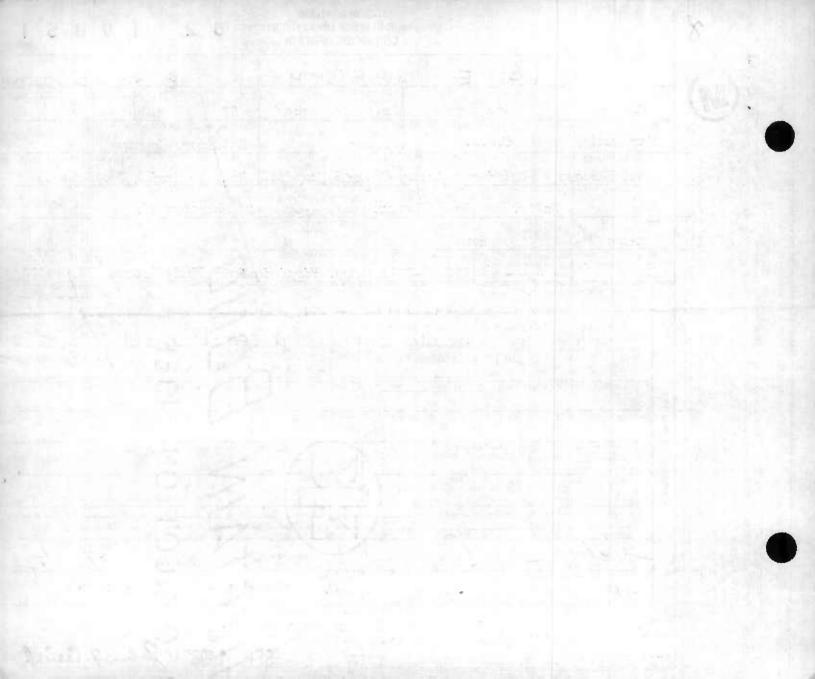
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon-pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

> 8728 Liberty Rd. Randallstown, Md. 21133

Mt. Olivet Cemetery

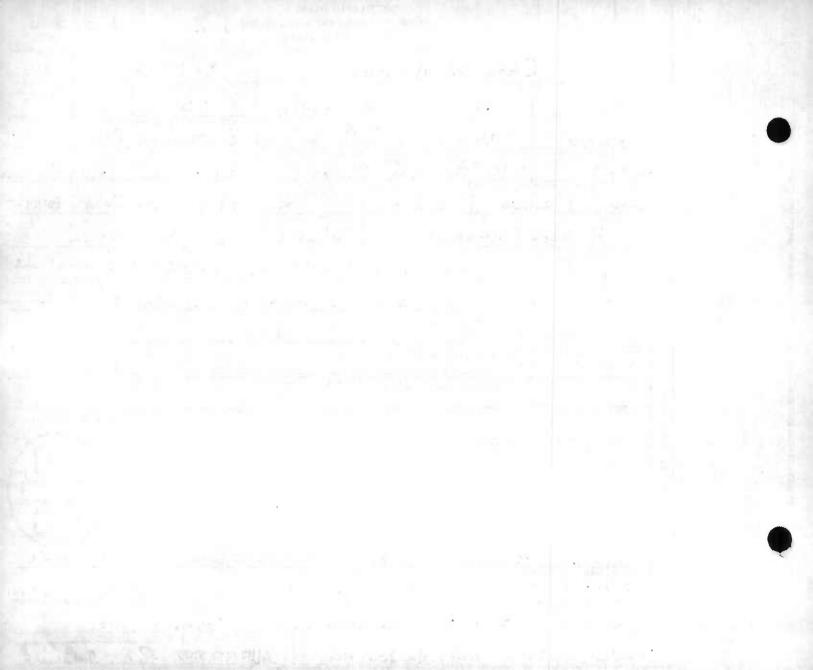
Frederick



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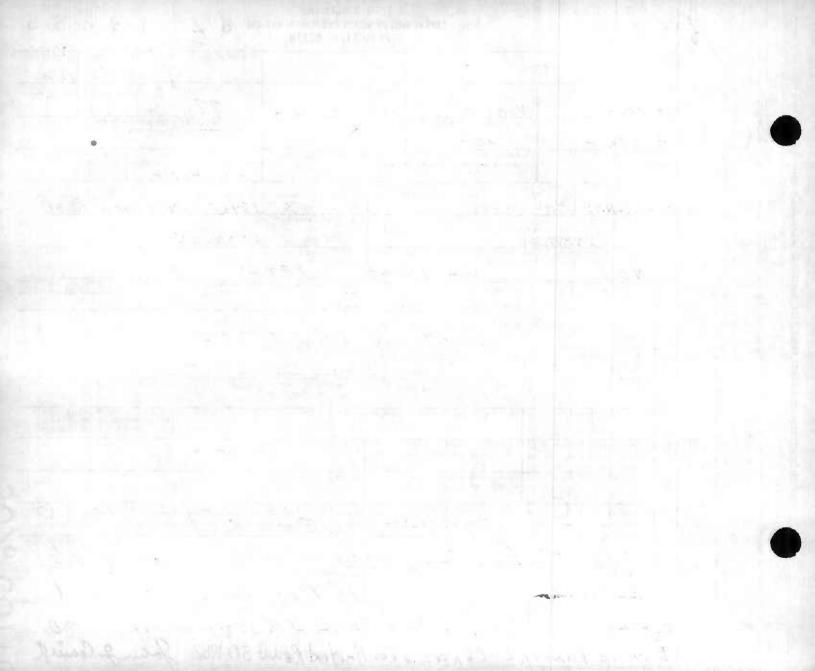
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xet .	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	1 9 8	5 3
96 3		CEASED NAME FIRST (OR PRINT)	CARL W. HA	BICHT		MONTH DAY YEAR 7 - 82	26 HOUR
may be	2.65				0 /-	. 000	1 PM
ge 4 mg	3 SE	M	4 RACE	5. DATE OF BIRTH  MONTH  Q- 7-1911	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
death. Por funeral dir thin 72 bod		RTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	TY, MD.
on rs ofter d filed within	10 C	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET TREEW F	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	ON 126 KIND C F WORKING LIFE JUDUSTRY	OF BUSINESS OR
212 hou hou d in d be	13a	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)  N 1136 INSIDE CITY LIMITS?	130 STREET ADDRESS		
MARYLAND mpletely fille ond 2 should examiner my	14. F/	ATHER'S NAME PRIST RUDOLPH	MIDDLE & LAST	15 MOTHER'S MAIDEN NA WILHELI	AIDDLE .	CRENKLE	ST
BALTIMORE, A cate be execute ysician and car opers. Pages 1 wal. it, the medical e		VAS DECEASED EVER IN U.S. AR		RITY NO. W. INFORMANT	ADDRE		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificater this certificate has been signed by the attending phis the this certificate has been signed by the attending phis the burial-transit permit. Then please remove corban hand Mental Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or other traumatic even	Z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE				01
At RECOR	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	
N OF VITAL SICIAN: The ng physicio certificate i virial-tronsit tem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DIVISION OING PHYS or attendir After this e as the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
R ATTENDII haspital or RECTOR: A red for use spt. of Heali		saw the deceased alive an	tal) attended the deceased from	, and that in (my) (our) opinion DEGREE	, ta death occurred an the do		
HOSPITAL OI ned by the FUNERAL DI old be detack the Store De		Davidt -	1 5 7 7 7 7 7	ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F _ 0 ~	7-12
TO HOSPIT. TO FUNER. Should be dwith the Str		DAVID P. Z	AVANO MS	Gfoo MORA	UNGTONRO	DUNDALK	MD 2/222
	23a. E	BURIAL  BURIAL		PAK LAWN CEM.	23d. LOCATION CITY OR TOWN	WOUNTY	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))	24 FI	INERAL DIRECTOR		25a. DAT	S REC'D BY REGISTRAR	256. REGISTRAR'S SIGNAT	URE



The state of the s 1,000 | Laren 17,1807 | 85 . William Du sychie tung 34 Tan 1881 Takknore, Bared. I. n. Arbutus | H 1234 Abiden Cheige Lens Louistress Shift and Lone the state of the s John W. Hack n. Alles th. or the carting with the contract to NEETS AND - FREE OF THE PROPERTY OF THE STATE OF THE STAT The second property of the second sec John F. Store . h- . 1 - 1 - 23 - 31 - 12 - 223 Market Man, 1, 2002 May Contempt Court, 2001, 1 and 1 and the The Same Last Marie Last

8	1-	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	9 8 5 5
		CEASED NAME FIRST CAROL	LINE H H	AMMEL	20. DATE OF DEATH MONTH	7 82 10:05 PI
Address	3. SE	MALE	4. RACE WHITE	S. DATE OF BIRTH  MONTH DAY YEAR  SEP 19 1964	77	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	SEP 19 1964  MARRIED NEVER MARRIED DI  WIDOWED DIVORCED DI	9 BALTIMORE CITY OR COUNTY BALTIMORE COUNT	
	10. CI	TY OR TOWN OF DEATH	/	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
35	13a. S	STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A UNITY  13c. CITY OR TOWN  LTINIORE  MIDDLE  LAST	13d INSIDE CITY LIMITS? YES NO PARTIES 15. MOTHER'S MAIDEN NA	MIDDLE	TOWN ROAD
medicol ex		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	UNKNOWN ADDRESS	
to buriol, cremotion, or removol injury, or other troumotic event, th	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE	CEREBROVASC	ULAR ACCIDENT  R OF THE LUNG  AINAL DISEASE OR CONDITION GIVE	N IN PART 110
ws ony	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
or them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETTHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	EATH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE
If them 21 is mort		78.1 certify that (II (this hosy saw the decemped live of above (C (ws) shid) did in 178. Stock AT (SE	pitch attended the deceased from the first of 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	death occurred on the date and hour	9 2 . that (I) los ond from the causes stated
with the Stote		BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. NA	220 ADDRESS 25 Penne	DIRECTOR PHYSICIAND  23d. LOCATION  CITYORTOWN	COUNTY STATE
4/82	24 E	JANA FUNE	195/109 111		BALTO, COUNTY TE REC'D. BY REGISTRAR 251 GISTR  G 30 1982	PAR'S SIGNATURE



injury, ar ather troumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

FOR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

COUNTY

STATE

		REGISTRAK					TONTE OF DEATH		REG. NO.			
		GEASED NAME	FIRST	A	AIDDLE		LAST	20 DATE OF DE	ATH MO	NTH DAY	Y YEAR	26 HOUR
	(TYPE	Ann	a	М	HANZL I	K		August	12,	1982		1:25 a <sub>M</sub>
	3 SE:	х , , , , , , , , , , , , , , , , , , ,	~	RACE			OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHD		UNDER : YEAR	
		EMALE		CAUCAS		MONT		77	,	YRS	INTHS DATS	HOURS MIN.
ĕ		RTHPLACE (STATE OF FO	OREIGN		WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE	CITY OR C	OUNTY O	FDEATH	
2		RYLAND		USA		WIDOW	ED DIVORCED	Baltim		Count	Ly	MD.
Ŋ	100	ITY OR TOWN OF DEAT	TH				OR OTHER INSTITUTION	12a USUAL OC			126 KIND C	OF BUSINESS OR
1		SSVILLE					HOSPITAL	Hous	EWIF	E	NADOSIKI	
5	MA	AL RESIDENCE (IF NURSING RYT.AND		IMORE	ROSEDAY		13d. INSIDE CITY LIMITS?	13e STREET ADD	DRESS			
_	14.54		2112		HODEDAL		YES NO X		WHIT	EAV	E	
1	14. FA	ATHER'S NAME FIRST	A	NIDDLE	LAST		15. MOTHER'S MAIDEN NA/		NIDDLE		LAS	ST
J		FRANK		DI	EBILIUS		BARBARA	A .				-
		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRESS			
		NO	(IF TES, GIVE	WAR OR DATES	21 32025	27	JOSEPH HAN	TOTTE 4	207	WHIT	E AVE	c c
		18 CAUSE OF DEATH	L'Enter and	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			T TOSISI II IIA	TALLIA .	eur_	WILL		(MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	AS CAUSED	BY:	ardiopuln		v arrest				BETWEEN	ONSET AND DEATH
	-	LIDO	IMMEDIATE	CAUSE (a)	aruropum	onar	y arrest	_		-	-	
		700	7		AS A CONSEQUE		Б. 23				12.13	
		Conditions, if ony, gove rise to imme	which	(b) C	ongestive	не не	art Failure					
		couse (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
		underlying couse	last.	(c)_C	hronic F	Renal	Failure					
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDIT	ON GIVEN	IN PART 1	0
	CERTIFICATION			Н	vpertensi	ion						
5	TAT	19a DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS			WERE FINDI	
	IF							YES TO N		CERTIFYII YES		NO T
	E	21a. ACCIDENT WAS UNDE	ERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCURR			(		
		OR CONTRIBUTING C			M. MONTH DA			, , , , , , , , , , , , , , , , , , , ,				
	MEDICAL	21d INJURY OCCURRE		P./		19	211 LOCATION					
	ME	WHILE NOT WHILE			EET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CI	ITY OR TOWN		COUNTY	STATE
		AT WORK AT WORK	K				1					
		22a.1 certify that 💢 (	this hospite	oftended the	deceased from	July	3 1982	to Augu	st.	12 19	82	that X (we) last
		sow the deceased	d alive on	view the body	12 19 82	. 01	nd that in 🌠) (our) opinion o	death accurred or	n the date	and hour a	nd from the	couses stated
		226. SIGNATURE					DEGREE	7.77			22c. DATE	SIGNED
		J. 11/4	no los				M. D. ATTENDING	MEDICAL DIRECTOR	STAFF	157	0/1	2/82
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			220 ADDRESS	J JINECTOR [	TITOCIAN	11.1	1 0/ 1	2702
		1					0000 5	4 C-			27027	
_	22- 0		aylor				<u>  9000 Frankl</u>			r., 2	123/	
		SURIAL, CREMATION, R	EMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATIC			COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND M
PEGISTRAR	CERTIFICATE OF D

ND NENTAL HYGIENE

	REGISTRAR				CERTIT	ICATE OF DEATH		RE	G. NO			
	ECEASED NAME PE OR PRINT)	FIRST	M	IDDLE	L	AST	20. D	ATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
(14)		EVELAND			HAF	RRIS	A	JGUST	13.	1982		1:47 PM
3. S	EX	4 RAC	CE		5 DATE C		6 AC	E (IN YEARS L	AST BIRTHDAY)		NDER : YEAR	IF UNDER 24 HRS
	MALE	BL	_ACK		AUC	SUST 12. TEAR	909		73 <sub>v</sub>	RS.	HS DATS	HOURS MIN.
7a 1	BIRTHPLACE (5 ATE OF FOR	EIGN 76 CIT	TIZEN OF V	VHAT COUNTRY?	8	D NEVER MARRIED	- 9 BA	LTIMORE C			DEATH	91191
N	ORTH CAROLIN	Α	U.S.	A .	WIDOWE			ALTIMO	RE COL	UNTY		MD
	FORT HOWARD	(H	F NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A	ADDRESS)	DR OTHER INSTITUTION	(TYPE	SUAL OCCU OF WORK FOR A ARBER			7b. KIND C NDUSTRY	OF BUSINESS OR
13a	JAL RESIDENCE (IF NURSING STATE ARYLAND	BALTIMO		SIVE RESIDENCE BEFORE 13c. CITY OR TOWI		13d INSIDE CITY LIMIT		TREET ADDR		1		
14. F	FATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN	NAME	AID	DIE	14	1.00	£.¥
C	ICERO			HARRIS		IDA		MAGGI		F	RANK	LIN
	WAS DECEASED EVER IN	U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17 INFORMANT		A	DDRESS			
1	ES	WWII		213 09 04	126	CLINICAL	RECOR	S. VA	MC. FO	DRT H	OWAR	D. MD
		which diate the lost.	(b) RI (c) (c)	AS A CONSEQUE  NAL FAIL  AS A CONSEQUE	URE NCE OF							
Z	PART 2 OTHER SIGNIF	ICANT CONDI	ITIONS <u>CO</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR	CONDITION	1 GIVEN I	IN PART I	0
CERTIFICATION	190 DATE OF OPERATIO	11	96 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		S NO	IN C			NGS USED S OF DEATH?
MEDICAL CER	710. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH	Ib. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	ZIC HOW INJURY OC	CURRED (	ENTER NATURE C	F INJURY IN ITE	M IS PART I	OR PART 2)	
Iā	21d INJURY OCCURRED	(/	THOME STRE	FINJURY ET FACTORY OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY	OR TOWN		COUNTY	STATE
ME	AT WORK AT WORK											31412

should be detoched for use os the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If hem 21 is

22e ADDRESS

23d. LOCATION CITY OR TOWN

VA MEDICAL CENTER, FORT HOWARD, MD 21052

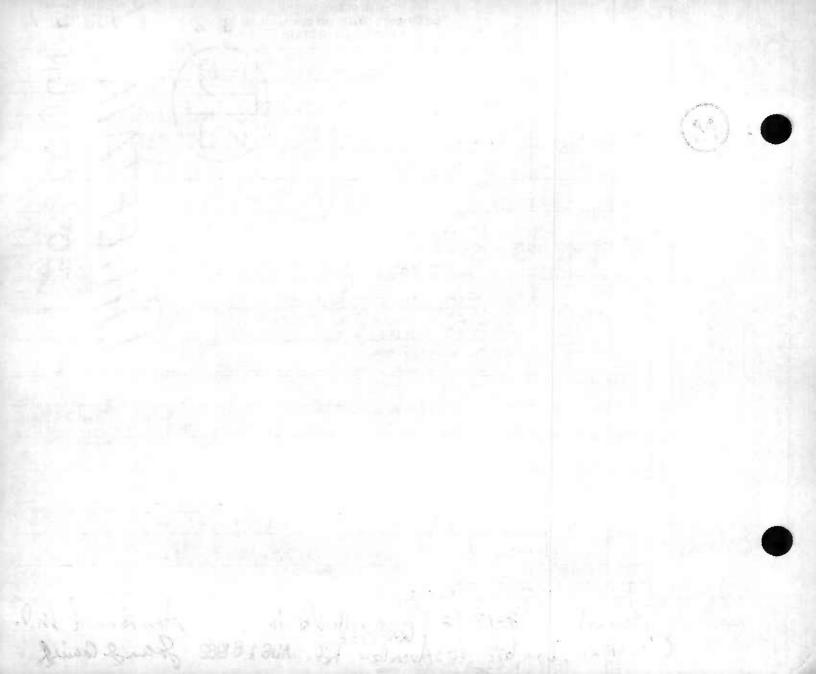
22d. PHYSICIAN'S NAME (TYPE OF PRINT)

NARASIMHAN, M.D.

6 1982

DHMH-1650M1/81 (VRA 15, 4)

m 18 shor



n signed by the attending physicion and campletely filled in by the funero Then please enove cochompopers. Pages 1 and 2 shauld be filed within 72

should be detoched for use as the burial-transit permit. Then please remove c with the Stote Dept. of Health and Mental Hygiene prior to burial. cremation,

	STATE OF MARYLA
OR	DED ADTAINS OF HEALTH AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8		Vigit .		

6		STATE REGISTRAR			DEPARTA		FICATE OF DEATH	REG. N	0.	9 3	5 8
1		CEASED NAME E OR PRINT)	IRGIN		S.	HART	PLEY		, 198		12 30
- 440	3. SE	Female		4 RACE Whi	te	5. DATE Augus	of BIRTH t 6, DAY 1908 EAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
3		IRTHPLACE (STATE OR COUNTRY) Maryland		U.S		MARRIE		Baltimore City of Baltimore			MD
\$0C	To	WSON		28 All	egheny Av	e. Ar	ot. 1912	TYPE OF WORK FOR MOST OF NUTSE		12b. KIND C INDUSTRY	OF BUSINESS OR
33	13 <sub>0</sub> . Ma	AL RESIDENCE (IF NURS STATE TYland	13h COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	128TRE11Peghe	ny Ave	. Apt.	1912
130	14 F/	ather's name Eirst <b>Unkno</b>	wn	WIDDIE	=Spendde	n	15 MOTHER'S MAIDEN NA	Unknowh	Mil	LAS	51
medical		WAS DECEASED EVER		MED FORCES?	1219132EC4 216-24-9		Mrs. Sharon	V. Herwig,		lpond	Ct.
iry, ar other troumol	7	Conditions, if ony, gave rise to immercause (o), stotin underlying cause	nediate ig the last	(b) C DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	TIMAL DISEASE OR CON	Desea	N IN PART 10	year
shows ony inju	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI		NGS USED OF DEATH?
21 is marked or Item 18 shows any	MEDICAL CER	210, ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER NOTIFY MEDII 21d INJURY OCCURR WHILE () NOT WHAT WORK () AT WORK	CAUSE OF DEA	21e. PLACE	M. MONTH DA M.	19	21t. HOW INJURY OCCURI 21t LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
21 is mg		220.1 certify tha (1) sow the decease obove (1) (we) (c				P2 a	nd that in (my) our) apinian	death occurred on the do	te and hour o	and from the	tha (1) (we) last couses stoted
APORTANT: If Item		22b. SIGNATURE Malte	- 82	nel	pant	- 1		MEDICAL STAF	F IAN []	8/6	SIGNED
PORTA		Walter		elzant,	M.D.		Medical Art	ts Building		,	

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR: After

23b. DATE 8-7-82 (SPECIFBurial 24 FUNERAL DIRECTOR

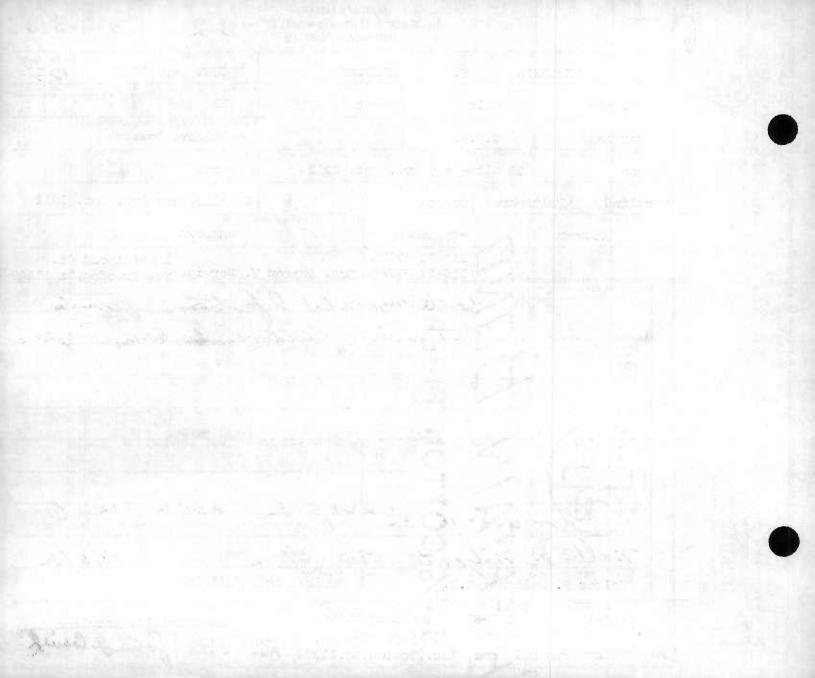
230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley

234 LOCATION
COCKEYSVILLE Maryland

250. PATIENEC'D.

1050 York Rd. Ruck Towson Funeral Home, Inc., Towson, Md. 21204

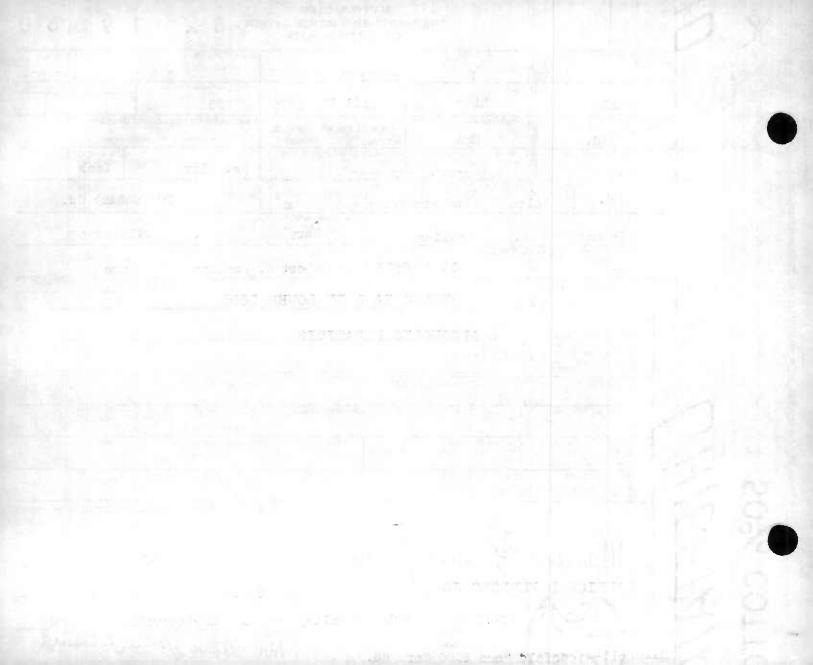


4	1	FOR STATE REGISTRAR	DEPARTN	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		19859
1 21	(1YP	CEASED NAME FIRST	E. HART	LOVE	REG. N  20 DATE OF DEATH  AUGUST	30, 1982 M
	-	EMALE	RACE  WH'TE  CITIZEN OF WHAT COUNTRY?	S DATE OF BIRTH  MONTH  AUGUST 18 1899	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.  R COUNTY OF DEATH
	5	ARYLAND	U. S. A.  NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED DO THE INSTITUTION	BALTIM 120 USUAL OCCUPAT	ORS COUNTY MD.
in by the before	Usu	AROSY AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION. GIVE RESIDENCE BEFORE	JOPPA ROAD	BLACK+ D	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.5	ATHER'S NAME	O. CARNI	YES NO	3409 5 ME MEDIE	AST JOPPA RUA
Pages 1.9		WAS DECEASED EVER IN U.S. ARME		TYNO II INFORMANT	KINE ADDRES	GOTTENSON SDS
speires that the death certificate signed by the attending physics from please remove carbon paper to burief, cremption, or removal rightly, as other traumfafe event, the	NO	Conditions, if any, which gave rise to immediate course is stating the underlying course lost.  PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEGUE	iny oftended	ernin III	ATTECHNOSITI PRITEVAL BIT THE PART I (a)  DITION GIVEN IN PART I (a)
The law of	CERTIFICATION	19s DATE OF OPERATION	1% CONDITION FOR WHICH (	OPERATION WAS PERFORMED	18k AUTOPSY?	78h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DHMH - 16 50M 1/81	B	UR, RL UNERAL DIRECTOR	0 0 1000	okuman Ism	ARKVILLE REC'D. BY REGISTRAR	S BALTO MO.
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PAPER ABOVE ASSE

Mitchell-Wiedefeld Home 6500 York Rd

(VRA 15, 4)



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6	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	1 9	8	6 2
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TH	3. SE	×	4. RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
W		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of Baltimore	R COUNTY OF	DEATH	MD
opation 7	10. C	ROSSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FRANKLIN	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	F BUSINESS OR
30	130. 3	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	IHER	RAL	DR
BO	14 F	CHARLES	ECKHAR	15. MOTHER'S MAIDEN N FIRST ELIZ,	3ARTHOL	PMEL	LAS	
e medical	160		MED FORCES? 166 SOCIAL SECU WAR OR DATES) 218 26 2	7523 ETHEL	BADE	76	1	PA MATE INTERVAL DINSET AND DEATH
buriol, cremation, or rem ry, or other troumotic ev		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) Grade IV  DUE TO, OR AS A CONSEQUE  (c)	glioma	al infection		N PART 1	
을 수	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO[X]	20b. IF YES, WE IN CERTIFYING	RE FINDIN	NGS USED
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olth ond A morked or	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOV		COUNTY	STATE
2 2		sow the deceased alive on above, (14 (we) (did) (did) a	ol) ottended the deceosed from_ 1919191919191919	82, and that in (n) (our) opinio		10 19 te and hour and	from the	
ith the Stote Dept. (PORTANT: If Item		22b. SIGNATURE  ELLEU DA  22d. PHYSICIAN'S NAME (TYPE OF	capiro no	DEGREE ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		8-	10 - 82
MPORTANT:		Eileen Sha	piro, MD	9000 Frank	lin Square D	rive, 2	1237	

23¢ NAME OF CEMETERY OR CREMATORY BELAIR CEM

23d. LOCATION
CITY OR TOWN
BELAIR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

BP DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

23b. DAJE

should be detached for use as the burial-transit permit. Then pleass remove carbangoper Paper Trand 2.11 with the State Dept. of Health and Anntal Hygiene prior to burial, cremation, or removal.

O FUNERAL DIRECTOR: After this certificate has been signed by the

etoined by the hospital or attending physician

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE OF MARTLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4 9 8 6	d
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-
HEALTH DEPT.	DEFECTO NAME	
, in to	20. DAIL MOTHER MOTHER DOY TEU ZU.	HOUR
SA E	julia (Della Penna - Herfurth Death Mated 19	M
form PM3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d	HOUR
far far	Female White 10 3 01 80 YRS. MONTHS DAYS HOURS MIN Month Day Year 182 2	PM
05-00	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Fin 1840	untry) 1/· · · · · · · · · · · · · · · · · · ·	MI
5 St Will-	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS	Md.
HA TO	give street address during most of working the even if retired ) INDUSTRY	OK
· · · · · · · · · · · · · · · · · · ·	100000000000000000000000000000000000000	
¥*85° (€)	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. CAUNTY   13b. CAUNTY   13c. STREET AND NUMBER   13c. STREET AND NUMBE	
RE, within in per incer s and hours	odmission) State (Naryland 136 Caunty timore Dundalk YES NO & 7924 N. Boundary Road	
9 . F / NA	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost	
RALTIMORE vecuted with all Examine all Examine and Examine thin 22 hours fring 22	John Stocker Mary ?	
BALTIM executed pending dical Exart pages within	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
0	(Yes, no grunknown) (If yes give war or dates of service) 213-03-73710 Michael Della Penna 916 N. Janney Street	
STREET, uld be ward ' nief Mec it. File		(A)
shauld the wal the wal Chief ermit. F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY:	
TON ST e shault ng the w he Chief permit.	4039 IMMEDIATE CAUSE (0) better harder tracelar accedent	
PRESTON Ificate sl writing it ta the insit per	DUE TO, OR AS A CONSEQUENCE OF	
PRE Mrifice Wrill to to and	(b) Hypertensive Cardivorscular disease	
W. PREST: certificate ate, writing ded to th	stating the underlying couse DUE TO, OR AS ONSEQUENCE OF	
301 W. PREST This certificate writin arwarded to the burial-transit remaval, and i	lost. (c)	
RECORDS, 301 W. PRESTON STREE: L EXAMINER: This certificate should be execute the certificate, writing the ward should be forwarded to the Chief was used as a burial-transit permit. Filt cremation, ar removal, and in any even	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
EXAMINER: xxecute the ce should be fa used as a learn of the ce used as a learn of the ce with the ce		
AL EXAMINE Sexecute the should be used as cremotion,	190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	
RECORI EXAMII execute shauld used a	WAS PERFORMED?	W
CAL 1	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	M
	PRIMARY OR CONTRIBUTING HOUR A.M.	
OF VII TY MEDI Jry, plea Page r files. shauld ta byfia	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f. IOCATION Street or R.F.D. No. City or Town County (Accounty)	
of ary, ary sho ta b	21d. INJURY OCCURRED  WHILE NOT WHILE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County	tote
ISION DEPUTY necessar lirectar. ar your ge 3 s priar to	AT WORK AT WORK	
DE D	22a. I certify that I taok charge af the remains described above, held an Autapsy , Inspection Inquiry , and in my ap	inion
DIVISION TO BE TO	death resulted fram: Natural causes , Accident , Suicide , Homicide Undetermined manner	
y delay in funeral retained ECTOR: if Hygier	CHIEF MEDICAL EXAMINER	
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any the be r DIRE	M. D. COURT WORLD SHAWING & 13 4 7 7	
= 2 8 4 EX	EXAMINER'S 3427 Durdalkare 2 127 ADDRESS (Street, city, town, or county)	
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To Fun Health	DEMONAL (County) (Store)	
COLLA SEPTION	Birial 8-5-82 Holy Redeemen Cemetery Baltimore City	
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(VR A15ME (5))	C.S. Zeiler & Son Inc. 6224 Eastern Avenue	

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				STATE OF MARYLAND				e con
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3.	11176	MARY	JAHARLAS	HERRING		08 16	82	2:02RI
3.	SEX		4 RACE	5. DATE OF BIRTH 12-22-25	6. AGE (IN YEARS LAST BIR	(HDAY) IF UN		F UNDER 24 HRS
3 10 6		FEMALE	CAUCASIAN	12 22 25	56	YRS.		TANK.
35		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O			MD.
\$610	). CIT	TOWSON	11. NAME OF HOSPITAL, NURSIN LIENOT IN SUCH FACILITY, GIVE STREET G. B. M. C.: 6	G HOME OR OTHER INSTITUTION ADDRESS) 701 N. CHARLES	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OF	F WORKING LIFE) IN	b. KIND OF E	BUSINESS OR
35	30. S	L RESIDENCE (IF NUR	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Pina	01	COMPLE
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r other froumotic event,	100	PART I. DE ATH WAS CAUSE	ly one couse per line for (o), (b), one DBY:  E CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	CANCER OF THE P	HARYNX		BETWEEN ON	MOS.
injury, o	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART Iros	
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	
m 5 . E .		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	Y IN ITEM IB PART I	OR PART 2)	
/	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn (	OUNTY	STATE
Z 1 15 mg		220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (whi (did) (digno		82_, and that in (my) (our opinion	, 10	. 19_	from the co	ot (I) (we) lost uses stated
II. If Item		178 IGNATURE Me	She	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	E	22c. DATE SIC 08/	16/82
WPORTANT		J.C. MC GH	REE, M.D.	220 ADDRESS	G.B.M.C.	BALTIM	ORE,	MD. 21204
23	3a. B	URIAL, CREMATION, REMOVAL	8-19-82 0	NAME OF CEMETERY OR CREMATORY	23d LOCATION  MANUEL  TOTAL	toulk	Houng	nd STADY
4/B2 24	4 FU	NERAL DIRECTOR	bight with	will md 13 00	G171982 RAR	25 SEGSTRAR'S	gerlin	wife

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BALTIMORE COUNTY		Ă.		
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Reisterstown, Md. 21136

Eline Funeral Home

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74 FUNERAL DIRECT Coring Byers Funeral Directors, Inc.

8728 Libertu Road Randallstown, Maryland 2113

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Druid Ridge Cem

26 HOUR

176 KIND OF BUSINESS OR

21133

APPROXIMATE INTERVAL

NO

STATE

County

YES

Pikesville

COUNTY

22¢ DATE SIGNED

Balto. Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

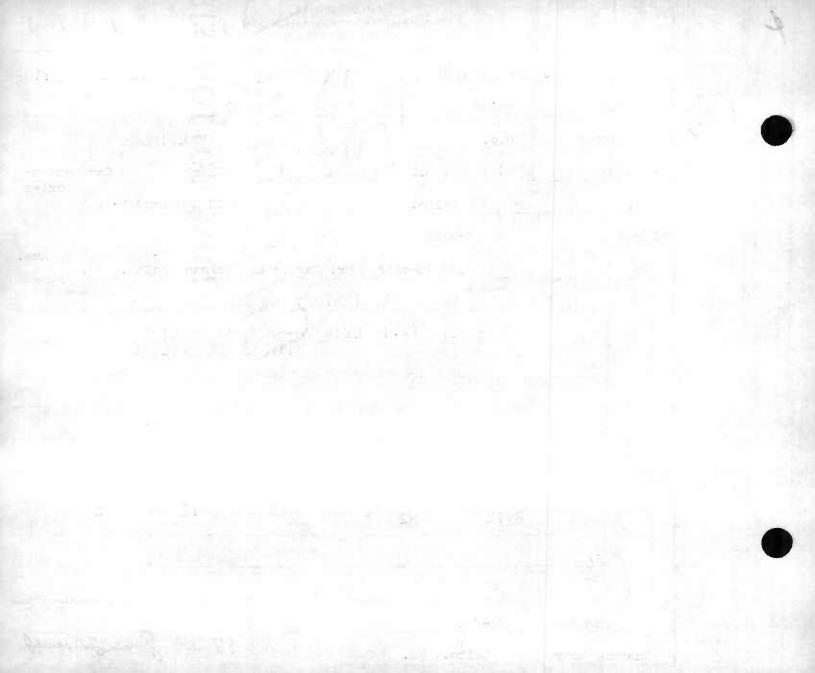
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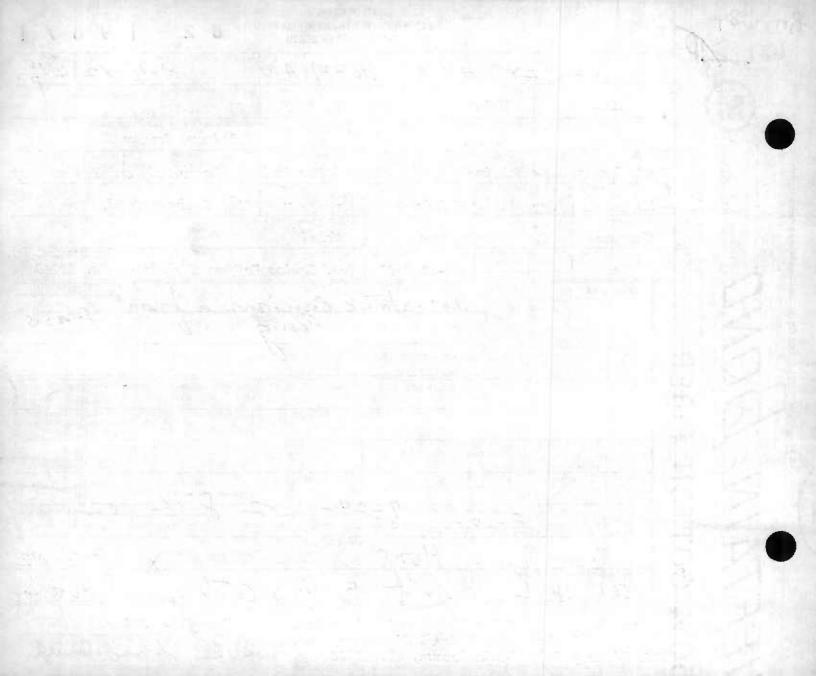
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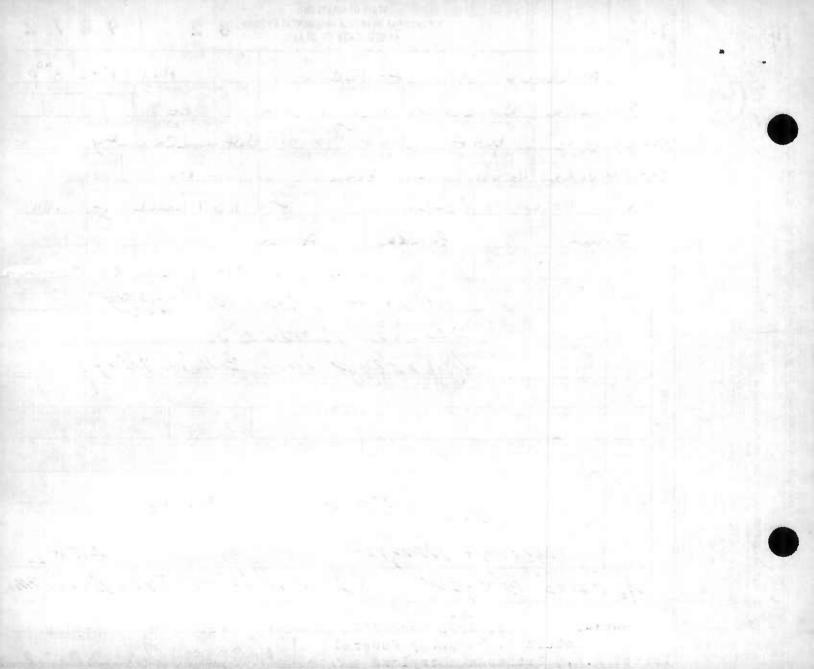
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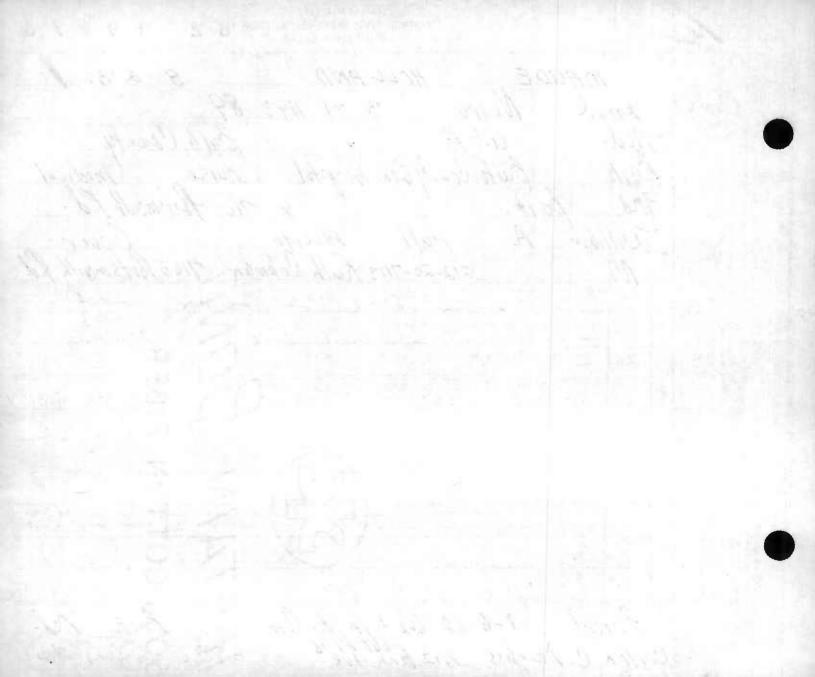
	1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 8 7					
		CEASED NAME F	MIDDLE LAST			20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
death death	(TYP	ELIZABETH HOCKMAN					8/1	2/82	9:10RN
o o	3 SE	Х	4. RACE	White S DATE C MONTH 8 7b. CITIZEN OF WHAT COUNTRY? & MARRIEL WIDOWE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
(nn)		Female	W			23 29	52 <sub>YR</sub>	MONTHS DAYS	HOURS MIN.
( IAI)	7a. B	IRTHPLACE (STATE OR FORE	IGN 7b. CITI			D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
1	FR	lew Jersey	U			**	BALTIMO	RE Co	MD.
ed to	10 C	ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND	OF BUSINESS OR
\$6		OWSON	670		RLES ST	GBMC	Clerk		access-
and blood	13a	AL RESIDENCE (IF NURSING STATE 13)	HOME OR OTHER IN	13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3022 Morelan	d Ave.	ories
Sand 2 sh	D	ATHER'S NAME FIRST  Lfred	MIDDLE	Scho	LAST 1z	15 MOTHER'S MAIDEN NO.	AME	LA	AST
n and car		WAS DECEASED EVER IN	U.S. ARMED FO	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFOR			ADDRESS 30	22 Morel	and Ave.
		No	FYES GIVE WAR OR		-20-4558	Mr. Carlos		to., Md.	
n please remave carba burial, cremation, ar re y, ar ather traumatic e		Conditions, if any, w gove rise to immed couse (a), stating underlying couse	the DU	IE TO, OR AS A CO	ONSEQUENCE OF	WITH	RCOMA OF LIVE LIVER FAILUR	RE	0.
t permit. There iene prior to	CERTIFICATION	19a DATE OF OPERATIO	N 19b	CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY? 286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO		
25 5 5 7 7	1 2	21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS	SE OF DEATH H	TIME OF INJURY OUR A.M. MOI P.M.	NTH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED	21e	PLACE OF INJUR HOME, STREET, FACTOR	RY OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY	STATE
	Į.	229 I certify that (I) (the saw the deceased above, (I) (we) (did)	olive on 8	nded the decease	ed from 8/6	<b>V</b> -	to 8/12 death accurred on the date and h	O	that (I) (we) last
ERAL DIREC e detached State Dept. ANT: If Hem		278. SIGNATURE DEGREE ATTENDING PHYSICIAN [				MEDICAL STAFF DIRECTOR PHYSICIAN			
shauld be de with the Stat		22d. PHYSICIAN'S NAME	ATE	L		22e. ADDRESS  GBMC		235	
) <u> </u>		BURIAL, CREMATION, REA (SPECIFY) Remova		/1 <del>3</del> /82	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
- 16 50M 1/B1 RA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy Boa	rd	Balto.	ADDRESS, Md.	25a. DA	UG 7 BY 7 9982 256 REG	STRAR'S SIGNA	Court





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) 82 IF UNDER TYEAR 4. RACE A AGE TIN YEARS LAST BIRTHDAY 3. SEX MONTH 1916 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED Minnesota NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY tonsville Homemaker House in the Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Pio Baltimore NO T 110 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hardley 20 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No 557-01-645 James E. Holladay same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NO YES Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH oto (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET NOI WHILE AT WORK 220.1 certify that (1) (this hospital) affended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF should be deta with the State [ with the State DIRECTOR PHYSICIAN PHYSICIAN 22d. BHYSICIAN'S NAME /U 22e. ADDRESS 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN (SPECIFY) BP. Burial Rockville Cemetery Rockville 24. FUNERAL DIRECTOR 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNA Robert A. Pumphrey Funeral DHMH - 16 50M 4/B2 (VRA 15, 4) Homes. Bethesda Maryland





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

	REGISTRAR			DEL ANTI			F DEATH	8	REG. NO.	ŧ	7 0	-	4
	DECEASED NAME	Louis		rancis		TZNEF	}	Augus	st 30,			9:4	
	3 SEX Male		4 RACE Cau	2	S. DATE (		887 YEAR	6. AGE (IN YE	ARS LAST BIRTHDA		FUNDER 1 YEAR	IF UNDER	24 HRS MIN,
5	Balto.	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI		ER MARRIED DIVORCED		imore (				MD.
7	Balto.		<sub>l</sub> uare		pital		CCUPATION FOR MOST OF WO ACTOR	irking life)	125 KIND O INDUSTRY	Gal:			
6	Md.	Whi		31. CITY OR TOW		13d INSID	DE CITY LIMITS?	13c STREET	5 Phil	Lade	lphia	Rd	
2	14. FATHER'S NAME Frank	Holtzne	ner Unknown										
	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)			215-01-		17 INFOR		ner 1	ADDRESS 1415 F	hil	adelp	hia	Rd.
	18 CAUSE OF DE PART I. DEATH	WAS CAUSE	nly one couse per ED BY: TE CAUSEJO)	Hypoxic		ephalo	pathy se	condar	y to		APPROXI BETWEEN C	MATE INTER	VAL DEATH
	Conditions, if o		DUE TO, O	r as a conseque <b>Respir</b> a		Failu	ıre						

couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause Status Post Cardio-pulmonary Arrest etiology unknown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOXX YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

22a.1 certify that 💥 (this hospital) attended the deceased from

sow the deceased alive on August 30 and that in  $X_{(Y)}$  (our) opinion death occurred on the date and hour and from the causes stated obove, \* (we) (did) (\* Knot) view the body after death

NO T

8/30/82

STATE

SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS

Elissa Bashner. 9000 Franklin Square Dr. Balto.. MD

231 SAME OF WARFING PERMITORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 9/1/82 ITY OF TOWN Burial Perry Hall Luth. Church Cem.

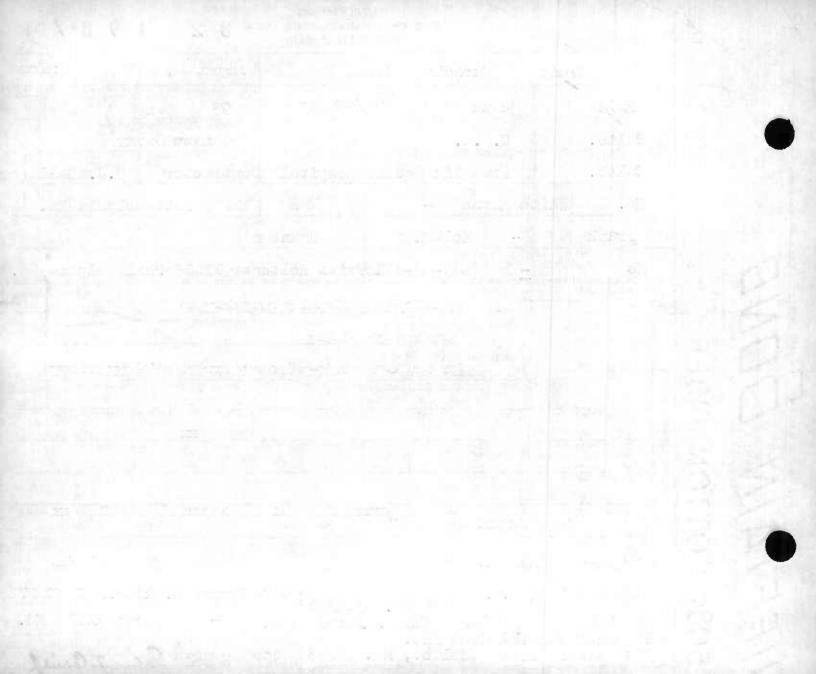
24 Sychamonek Funeral Home 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto., Md. 21236 705 Belair Rdane

DHMH - 16 50M 1/81 (VRA 15, 4)

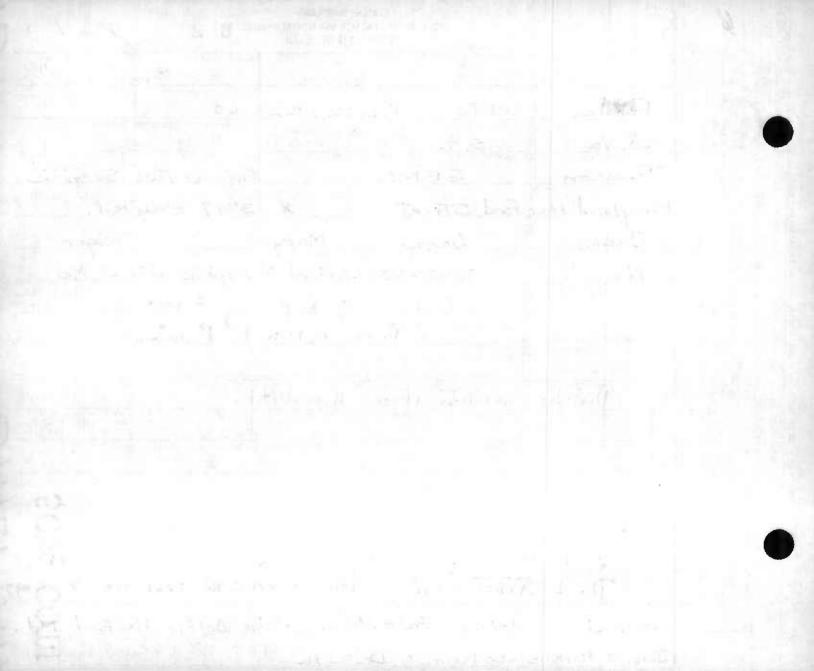
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(VRA 15, 4)

STATE OF MARYLAND



in signed by the ottending physician and completely filled in by the Then please remove corbangapers. Pages 1 and 2 should be filled wi

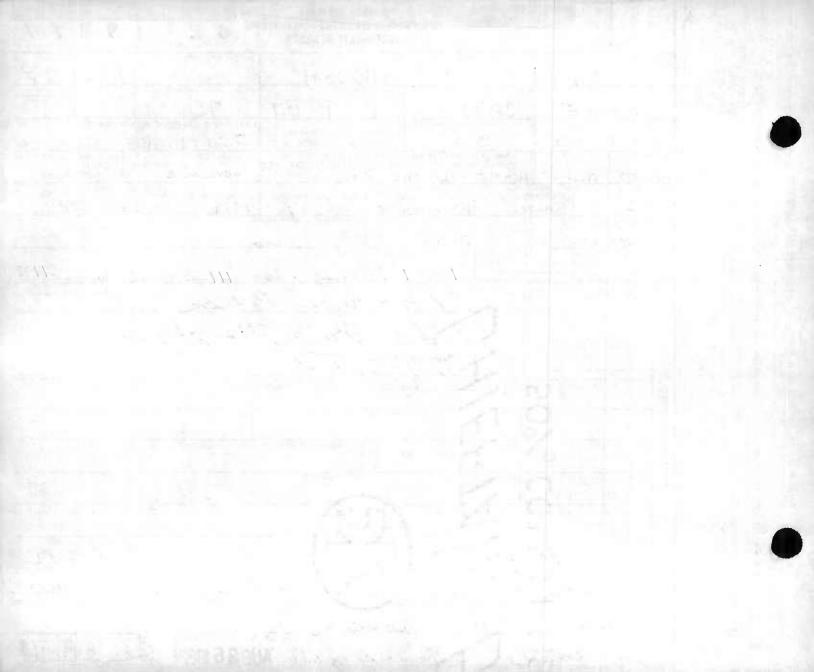
					TE OF MARYLAND				
1.	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1	9 8	3 7
1 DE	CEASED NAME	FIRST	WIDDLE		LAST	REG. NO.	ONTH DAY	YEAR	26 HOUR
(TYP	E OR PRINT)		Irvi	n II.	44			0.0	20 HOOK
3 SE	X	George	ACE		ottes OF BIRTH	August	7. 19 DAY) IF (	82 UNDER 1 YEAR	IF UNDER
	Male	11174	3171-14	MONT	H DAY YEAR	0.5		VIHS DAYS	HOURS
	IRTHPLACE (STATE OF F	FOREIGN 7b	White	COUNTRY? 8		9 BALTIMORE CITY OR COUNTY OF DEATH			
	Maryland		USA	MARRI	ED NEVER MARRIED DIVORCED	Baltimore	Cour	. +	
	ITY OR TOWN OF DEA	ATH 11.	NAME OF HOSPIT		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N	126. KIND O	F BUSINE
I	owson	N		re-Towso:	n	Accountant		Bookk	ceeni
USU 13a.	AL RESIDENCE (IF NURS	ING HOME OR OTH		TY OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Doom	·ccp.
M	larvland	Baltin		ckevsville		6 Cedar 7	ree (	Court	Apt.
14. F	ATHER'S NAME	MIDD		LAST	15 MOTHER'S MAIDEN NAM	ME			
	George			ottes	Kathryn			Donne	
			R OR DATES	OCIAL SECURITY NO.	17 INFORMANT		s Cock		
	Yes	WWI	217	2-05-7882	James V. H	ottes 40 She	rwood		
	IN CAUSE OF DEATH	H Enter only of	ne couse per line for	(a), (b), and (c)	60			BETWEEN C	MATE INTER
	1131	IMMEDIATE C		Them	nonig			300	ayr
	7561	0	DUE TO, OR AS A	CONSEQUENCE OF	Dysphagia			3 m	onti
	Conditions, if any, gove rise to imn		(b)						
	underlying couse		DUE TO, OR AS A	CONSEQUENCE OF	Stroke			3 m	w
	PART 2 OTHER SIGN	THE IC AND CON	(c)	LITING TO DEATH BUT	NOT RELATED TO THE TERM				
Z	TAKI 2 OTHER SIGN	TII ICAITI COIT	DITIONS CONTRIB	OTING TO DEATH BUT	I NOT KELATED TO THE TERM	IN AL DISEASE OR CONDI	HON GIVEN	IN PART TO	3
ATI	190 DATE OF OPERAT	TION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
TIFIC	_	-		-		YES TI NOT	IN CERTIFYIN	IG CAUSES	OF DEAT
CER	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		216 TIME OF INJUR		21c HOW INJURY OCCURR			1 OR PART 2)	
CAL	OR CONTRIBUTING C		HOUR A.M. M	ONTH DAY YEAR					
MEDI	21d INJURY OCCURR	RED	21e PLACE OF INJU	JRY ORY OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	4	COUNTY	5
2	WHILE NOT WH	RK R	THE STREET, THE	on office rank, etc.)	196		1-		
	220.1 certify that (1)			- martin	19 81	_, to_ presen	. 19.	. 1	that (I) (v
	sow the decease	d plive on	7- 31 ew the body ofter de	19.82 o	nd that in (my) ( opinion o	deoth occurred on the dote	ond hour or	nd from the o	causes sta
111	22b. SIGNATURE	10	a 0.		DEGREE			22t. DATE	
			only			MEDICAL STAFF DIRECTOR PHYSICIA	IN 🗌	8.10	0.80
	22d PHYSICIAN'S NA		,		22e ADDRESS				
	Keith A.				1818 Pot Sp	ring Rd., T	'imoni	um. A	Ad.
230 E	BURIAL, CREMATION,	24:00	3b. DATE		CEMETERY OR CREMATORY	23d LOCATION			
	010111	0	8/8/82	Westvi	ew Mem. Pk.	Catonsvil			
1475	THE COR C	Dolan	ser	ADDRESS	25a. DATE	UG 1 5 1982	b ISTRAI	S'S SIGNATI	IRE
L	emmon-Mi	itchell-	- Wiedefel	ld, Inc. 10	W. Padonia	100 I 0 1300	7	-Con co	Muc

DHMH - 16 50M 1/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bee

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APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ART Iro
FINDINGS USED AUSES OF DEATH?
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PART 2)
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. DATE SIGNED
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Maruland
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F1 At



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOUSTON

DATE OF BIRTH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

DIVORCED

REG. NO 20 DATE OF DEATH MONTH

2h HOUR

August 22, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

STEEL

15 MOTHER'S MAIDEN NAME

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

LENORA IMMEDIATE CAUSE (0) Cardiorespiratory Arrest secondary to Acute DUE TO OR AS A CONSEQUENCE OF Myocardial Infarction(clinical

PART I. DE ATH WAS CAUSED BY.

DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

MEDFORD

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

ROSEDALE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

August 22

90. DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES 📉	NO	YES 🗌	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	RY IN ITEM 18 PART   OR PART 23	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION

CITY OF TOWN

August 22

COUNTY

NO [

August sow the deceased alive on. above, (we) (did) (did ot) view the body after death

220.1 certify that X (this haspital) attended the deceased from

DEGREE

236 NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

82\_, and that in 🙀 (aur) apinion death accurred on the date and hour and from the causes stated

22e ADDRESS

9000 Franklin Square Drive 21237

BALTE

GAADENS OF FAITH 24 FUNERAL DIREC

DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATUR

DHMH - 16 50M 1/81 (VRA 15, 4)

22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PRIM

230 BURIAL CREMATION, REMOVAL

21d. INJURY OCCURRED

NOT WHILE

FOR

- STATE

(TYPE OR PRINT)

To BIRTHPLACE

TENN.

ROSS MILLE

4. FATHER'S NAME

CERTIFICATION

MEDICAL

00

CITY OR TOWN OF DEATH

3. SEX

REGISTRAR

REED

I STATE OF FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse lost

4 RACE

BAL

(IF YES, GIVE WAR OR DATES) KERFA

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

. DECEASED NAME

Dr. Rodriguez

AND STATES OF THE SECTION SECTION STATES OF THE STATES OF THE SECTION STATE OF THE STATE Signa Shells wanted to some coderie or the THE STATE OF THE SECOND STATES

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE 2

		REGISTRAR					CERTIF	ICATE OF D	EATH		REG. NO.		,
		CEASED NAME OR PRINT)	CLY	FIRST ZDE	M.	MODIE	HOWLET	r <b>T</b>		2ª DATE OF D			26 HOUR 9. 30 A
	3. SE)	Male			4 RACE White	9	5. DATE O	DAY	1910	6 AGE (IN YEAR	74	IF UNDER I YEAR	R IF UNDER 24 HRS
3	V	RTHPLACE (STA COUNTRY) Irginia			U.S	WHAT COUNTRY?	MARRIE	NEVER M	ARRIED TO		city <u>or</u> cou timore	County	WE
1	Towson				Variley	HOSPITAL, NURSIN	rsing	HOME		OCCUPATION  REFOR MOST OF WORKING LIFE! INDUSTRY  ETITED EXXON			
3	Ma	aryland	FNURSIN	Sh COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	/N 1		NO 🗌		oress <b>7 Pione</b>	er Drive	21214
0	14 FA	THER'S NAME FIRST Virgil			R.	Howlet	t	15 MOTHER'S	MAIDEN NA.			Streagle	AST
9		VAS DECEASED I			MED FORCES? E WAR OR DATES!	228-16-		Wilb		Howlett	ADDRESS 318 W	est Lorra	21211 aine
	NO	Conditions, if gave rise to cause (o), underlying of PART 2. OTHER	imme stating couse	diote the last.	(b)	R AS A CONSEQUE	Deh ENCE OF	Str.	Lion OKe TO THE TERM	MINAL DISEASE C	r condition	I GIVEN IN PART )	(0
2	THEATHON	190 DATE OF OF	PERATIO	NC	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFOR	MED	20a AUTOPS		F YES, WERE FIND ERTIFYING CAUSE YES [	INGS USED S OF DEATH?
2	MEDICAL CERT	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC	MEDICA	USE OF DEA	P. Zle. PLACE	M, MONTH DA M. DE INJURY	19	211 LOCATIO		97 11 15	E OF INJURY IN ITE	M 18 PART 1 OR PART 2)	STATE
	×	WHILE AT WORK NOT WHILE AT WORK  27a I certify that III this hospital attended the deceased from saw, the deceased olive on obout. It was idial idial and view the body after disable on the body after								10_82	that (I) (we) last		
	3	224 PHYSICIAN Vuo			guyen,	M.D.		6 Li	n Low	Court 1	owson,	Maryland	21206
		URIAL, CREMAT	ION, RI		236. DATE			METERY OR C		23d. LOCATIO	OWN	COUNTY	- STATE

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate

Burlal OCT 31 1982

rarkwood Cemetery

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAUG

24 FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, Inc. 5305 Harford Road: Bal

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200					
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A.	STORIGIBL		dist is a section		ekun

8-24-82

John C. Miller Inc. 6415 Belair Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

82

12b. KIND OF BUSINESS OR

Adams

omediate

COUNTY

22c DATE SIGNED

since birth

STATE

Md.

IF UNDER I YEAR

INDUSTRY

2a DATE OF DEATH

Dulaney Valley Cem Cockeysville Balto.

AUG 25

250 DATE REC'D. BY REGISTRAR 256

BP

DHMH - 16 50M 1/BI

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

Burial

24 FUNERAL DIRECTOR

I. DECEASED NAME

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKITI	ICAIE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR	
,,,,,	MABI	EL	M.		HUFF	AUG	GUST 20,198	2	
3 SE	Х	4 RACE			OF BIRTH	6 AGE LIN YEARS LAST BE	IRTHDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS	
	FEMALE	WHITE		FEB.	7, 3891	9		AYS HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		OR COUNTY OF DEAT	Н	
	MARYLAND	U	SA	WIDOW		BALTIMO	RE COUNTY,	MD.	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 126. KIN	DOF BUSINESS OR	
	CATONSVILLE	FORES'			IG HOME	HOMEMAKER	OF WORKING LIFE) INDUS	TRY	
USU 13a	AL RESIDENCE (IF NU HOS			ADMISSION)					
100	MD.	201411	BALTIMOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	SWORTH AVE.	21207	
14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	SWOTCH HVE	21201	
	EMORY	MIDDLE	JOHNSON		SUSIE	MIDDLE	PYL	IAST	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR		D	
0 (	YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	212-18-5	665	GRACE LINABU	TRG 5507 BC	OSWORTH AVE	. 21207	
	18 CAUSE OF DEATH Enter	r only one couse per			GRACE BINADO	oke 5507 be		PROXIMATE INTERVAL FEN ONSET AND DEATH	
	PART I. DEATH WAS CAL	JSED BY-	STRO	266				aute	
- 15	4360 mme					-	- 32	0000	
- 1	Conditions, if ony, which	DUE TO, O	RAS A CONSEQUE	NCE OF	a cula.	angul61	cel		
	gave rise to immediate couse (a), stating the	) (6)—	00.00	700	aguan	701	CCC-		
	underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF		1.			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
NO	The second result conditions and the second results and the second results are second result				THE RECAILED TO THE TERM	THAT DISEASE OR CON	IDITION GIVEN IN PAR	1 1/0	
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	NDINGS USED	
LIFIC	The second second					YES NOT	SES OF DEATH?		
CER	210. ACCIDENT WAS UNDERLYING			- 5	21c. HOW INJURY OCCUR		YES URY IN ITEM 18 PART   OR PART		
AL (	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE		19	21f LOCATION				
ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FA	RM ETC )	STREET	CITY OR TO	OWN COUNTY	STATE	
	22a.l certify that (I) (this ha	resited) estandad sh	a decembed from	-	The second	7. 0-	24 02		
	saw the deceased alive	on_ 3-1	deceosed from	Z 01	nd that in (my) (our) opinion	depth occurred on the d	Inte and hour and from	that (1) (we) last	
	above, (1) je m jakil jakil 226 SIGN	not wew the body	offer death.		DEGREE			ATE SIGNED	
	11/65	6561		1	/ ATTENDING	_ MEDICAL STA		21 62	
	22d PHYSICIAN'S NAME (1)	PE OR PRINTI			PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	CIAN	21002	
	HARDI	s R	RM	0	7220 8	Parte He	ではかか	21208	
23a E	SURIAL, CREMATION, REMOV	AL 236 DATE	123c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1		
	BURTAL					CITY OR TOWN	COUNTY	MD.	
24 Ft	JNERAL DIRECTOR	AUG. Z	1.1704	ENTRE	250. DAT	E REC'D. BY REGISTRAR	REGISTRAROSION	SANURE P	
M	ITCHELL-WIEDER	FELD HOME	6500 YO	RK RI		IG 251982	found t	and the	
					110		4		

DHMH - 16 50M 1/81 (VRA 15, 4)

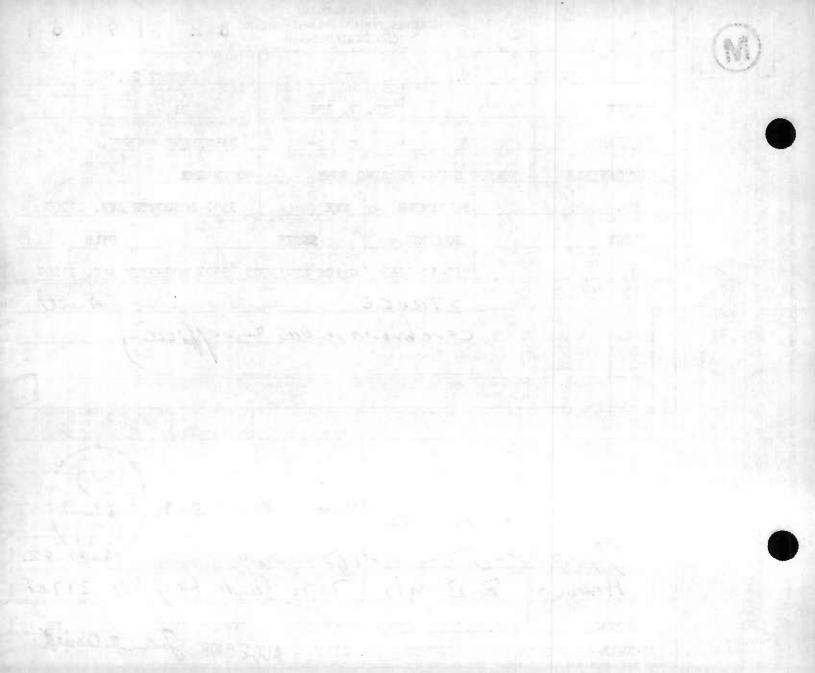
TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 sho

certificate has been signed by unial-transit permit. Then please

injury, or other troumatic



STATE	OF	MARYLAND	

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	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	ENE 8 2 1 9 8 8.2					
4		CEASED NAME FIRST Helen	T MIDDLE	HUOVI	NEN	August 2,		11:30am			
1			CITIZEN OF WHAT	MARRIE	DAY YEAR OF NEVER MARRIED	9 Baltimore	YRS. VRS. DA				
		ITY OR TOWN OF DEATH	NAME OF HOSPIT (IF NOT IN SUCH FACILIT FRANKI	AL, NURSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 126 KINE F WORKING LIFE) INDUSTI	MD. OF BUSINESS OR RY			
5	13a. S	MD. A	130.01		13d INSIDE CITY LIMITS? YES NO		RMINE	CT.			
C	)	ATHER'S NAME FIRST NAME  WAS DECEASED EVER IN U.S. ARA	AND EODOSESS IN SO	HITE	IS MOTHER'S MAIDEN NA	ADDRE ADDRE	( )	LAST			
2			WAR OR DATES	3 30 6283	RAYMENO	HUOVINE		BOVE			
	NTION	Canditions, if any, which gave rise to immediate cause ia, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A  (c)  ONDITIONS CONTRIB								
2	CERTIFICATION		198 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO □	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	ES OF DEATH?			
7	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	HOUR A.M. M P.M.	ONTH DAY YEAR	211. LOCATION	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART I	)			
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY OFFICE, FARM ETC )	STREET	city or to		STATE			
		27a.1 certify that (X(this haspite saw the deceased alive an abave. X(we) (did) (XX) at 27b. SIGNATURE  27d. PHYSICIAN'S NAME (1YPE OR Sheldon Milner	PRINT)	19 82, an	d that in (our) opinian of DEGREE  ATTENDING	death accurred an the do	te and haur and from t	TE SIGNED			
	C	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 8/4/82	236 NAME OF C SECURIT	EMETERY OR CREMATORY	73d. LOCATION CUY OR TOWN BALT	COUNTY	STATE			
		UNERAL DIRECTOR  -G. CONNELL	4. 30	O MAC	E Alle	e rec'd. by registrar  - 4 1082	25b. REGISTRAR'S SIGN	Westlen .			

DHMH - 16 50M 1/B1 (VRA 15, 4)

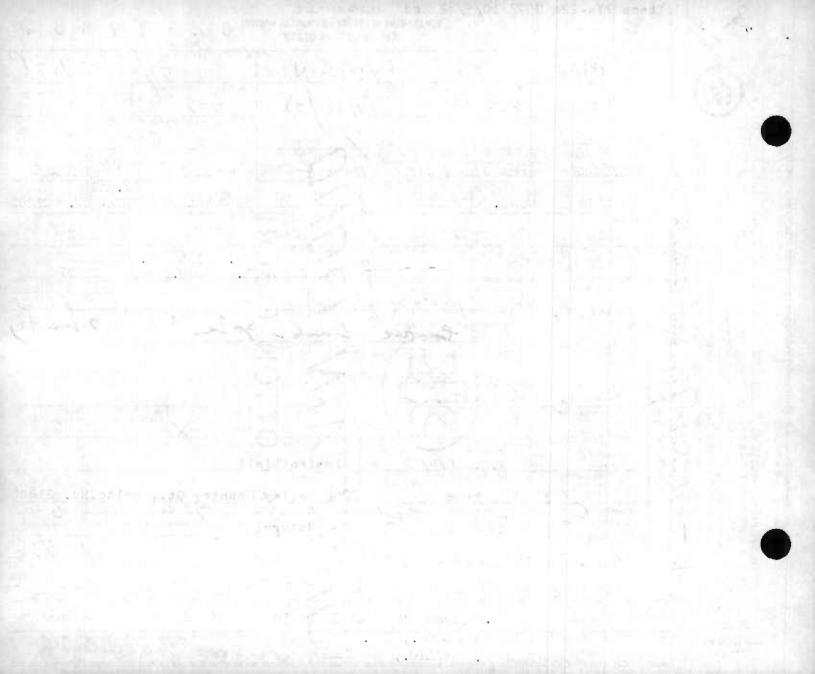
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20	1			STATE OF	MARYLAND							
3,00	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
	1	REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE C	F DEATH & REG. NO.	3 8 3					
		CEASED NAME FIRS	C. RAY	MOND HUTCHINS	LAST	20. DATE KNOWN MONTH	DAY YEAR 25 HOUR					
and the same of th	(TY	PE OR PRINT) CHAS	CIES	D 411T	CHINC	OF ESTI-	- 2 %					
as a superior and	V_			K. DUI	C111103	DEATH MATED	23 1982 AM					
<b>무디째오환</b>	. SE	X A A A RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF L	INDER 1 YR. IF UNDER		DAY YEAR 26. HOUR					
28782	1	MIN	May 5th	h, 1919 63 YRS.	DATS HOURS	PRONOUNCED 8 2	3 1982 /AM					
24.00	70. 8	SIRTHPLACE (STATE OR	76. CITIZEN OF W	MAT COUNTEDVO IA	Betz	9. BALTIMORE CITY OR COUNT						
S S S S S S S S S S S S S S S S S S S	W 100	DREIGN COUNTRY)		MAR	RIED NEVER MARR	IED LJ						
#27		altimore, Md.	US									
SEE GE		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR OT DUNKLING ROOM	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY					
4 Aug	LVC	odgers Forge	312.1	der-Alexander								
ARDS, PEL	USU	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION).										
AND	113a S	Maryland Ba	UNIY Itimore	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	315 Dunkirk Road	01.01.0					
21201 22. AND 33. RETA SHOULL RECO			remore	Rodgers Forge			21212					
MD. 2 S S 1, 2, 2 MD 2 S 1, 2	14, F	14. FATHER'S NAME FIRET MIDDLE LAST FIRST MIDDLE										
DEAT NO PARTY		Frank LeRoy Hutchins Ethel Rhode										
	160.	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
URS AFTER 8. GIVE PA WITH FOR VILLE FOR DIVISION (	(,		W-2	219-05-0973	Mana Olas	W Handing 215 D	11 1 5 1 10					
SS / GS / GF / MIP	-				IMIS. Ulga	K. Hutchins-315 Dur						
: 50 8 F.		18 CAUSE OF DEATH (Enter	er anly ane couse per line	e for (a), (b), and (c).)	+ 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ESTON ST., I HIN 24 HOU IN ITEM 18. R ALONG V SIT PERMIT. VAL.			DIATE CAUSE (a)	Interio sclero	Lic cards	o vas cular disea	re					
AACOLO TO	100	Mata		R AS A CONSEQUENCE OF								
W. PRESTON ST D WITHIN 24 HC PENCIL IN ITEM I AMINER ALONG -TRANSIT PERMI ENTAL HYGIENE. REMOVAL.	100	Canditians, if any, w										
W. PRI NCIL NTAL		gave rise to immed cause (a) stating the un										
OT W. P. UTED WILL EXAMIN HAL-TRAIN MENTA		lying cause lost.	DUE TO, OR	R AS A CONSEQUENCE OF								
w D= _ # D _			(c)									
DS, 3C EXECU 1G" IN CAL E CAL E AND ION, C		PART 2 OTNER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT ) (a).						
ECORDS  BE EX  SENDING  MEDIC  AS A  ALTH A  EMATIC	N N											
DIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECTION THE WORD "PENDING". ROED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUIL E DEPARTMENT OF HEALTH AND PRIOR TO BURRAL, CREMATION,	CERTIFICATION	190. DATE OF OPERATION	20. AUTOPSY?									
ITAL REINHOULD RD "PELD RD "PELD RD "PELD RD "PELD RD "PELD RD "PELD RD	1 2	Plant Barrier		ITION FOR WHICH OPERATION								
OF VIT.  ATE SH  WORE  THE CH	+ Ē						YES NO					
ION OF VI		210 EXTERNAL CAUSE WAS		M. MONTH DAY YEAR	YOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)					
ION OF TIFICATE S THE W TO THI HOULD ARTMEN	1 3	CONTRIBUTING CAUSE										
CERTIFICATION OF THE STATE OF T	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME, 21f. Le	OCATION							
DIV HIS CI WRITH ARDE AGE 3 ATE D	3	WHILE AT WORK THE	STREET, FAC	CTORY, FARM, ETC.)	STREET	CITY OR TOWN COL	UNTY STATE					
R: THIS (FE, WRIT) SRWARD STATE (STATE)		AT WORK AT WORK										
MIE.		220. I certify that I taak c	harge af the remains de	scribed above, held an Auta	psy , Inspectio	n , Inquiry , and in my ap	inion					
EXAMINER: CERTIFICATION DIRECTOR ARYLAND, 2	00	death resulted fram: N	latural causes	Accident , Suicide	Hamicide .	Undetermined manner						
RTIP B B B B C B		01	7	Accident 21, Soldide 2		Onderermined manner,						
A A A A A A A A A A A A A A A A A A A	1	ACTUAL /	21.41	1-1-1	TITLE (SPECIFY)	DATE						
SAL SAL SAL SAL SAL		SIGNATURE	141 une		W.D	MEDICAL EXAMINER SIGNE	D					
DIC NE S		EXAMINER'S NAME	0000-1	TENTERILOR		Bac						
TE E E	1	(TYPE OR PRINT)	(1)KE	TENECLER	ADDRESS G	15170						
TO MEDICAL E. EXECUTE THE C. EXECUTE THE C. PAGE 4 SHOUND FOR EVENT IN PAIRWORE, MARITIMORE, MARITIMOR	23a. 8	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY		23d. LOCATION						
	(	Burial				CITY OR TOWN COUN	NTY STATE					
BP	24 5	UNERAL DIRECTOR	8/25/82	Loudon Park	Cem.	Baltimore City	ICMATURE A					
DHMH - 17 (VR A15 ME (5))	24. 1	NAME	ADDRESS		250. DATE	REC'D. BY REGISTRAR 186/REGISTRAR'S	Caluell					
15M 7/77	Mi	tchell-Wiedef	eld Home-6	500 York Rd 21	212 AU	16271982 Joan						

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33	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
4 41	PECRASED NAME FIRST MIDDLE HYMAH 20. DATE OF DEATH STATE 100 PRINT) MAE HYMAH 20. DATE OF DEATH STATE 100 PRINT)
a base 4 m	FEMALE WHITE W 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTH MONT)
deoth. P. on one of	BIRTHPLACE (STATE OR FOREIGN NEW YORK USA DIVORCED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126 USUAL OCCUPATION 127 USUAL OCCUPATIO
ors ofter	BALTIMORE  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  IS USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK
in 24 ho	STATE  MARYLAND  BALTO.  BALTIMORE  MARYLAND
oted with	EMIL ROSENTHAL REGINA MIDDLE KORS
be exect	(VENO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-10-9136D 3515 JOANN DR. BALTO., MD 21207
sertificate ag physic bon pag removal c event, 1	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:  PROBLEM
e death of a stranging move carl nation, or traumating	Conditions, if any, which gave rise to immediate (b) tractive humbar fore 2 months
is that the property the mind creamer.	cause (a), stating the underlying cause last.    DUE TO, OR AS A CONSEQUENCE OF (c)
v require	Jen Le clements 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
1. The lo sicion.	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HYSICIAN ding phy	OR CONTRIBUTING & CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  A.M.P.M. 6/9/82 19  Patient fell  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21f. LOCATION  21f. LO
DING P	WHILE AT WORK
R ATTEN hospital RECTOR ned for u	saw the deceased live an above (1) (we) did (did not) view the body after death.  19 2 and that (1m) your any in peath accurred on the date and hour and from the causes stated above (1) (we) did (did not) view the body after death.  226. DAJE SIGNATURE
SPITAL O d by the NERAL DI be detocl TANT: IF I	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
TO HOSPITAL vetoined by the Should be det will the Store IMPORTANT:	BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION WITH
BP	(SPECIFY) BURIAL AUG. 26, 1982 HEBREW FRIENDSHIP BATTIMORE COUNTMARYLANDIE
(VRA 15, 4) 29 5	6010 REISTERSTOWN RD. BALTO., MD 21215



STATE OF MARYLAND

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STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

1	1-	1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 8 8 6									
		CEASED NAME FIRST OR PRINT) STELL A	MIDDLE	JAC	c B S & N	20 DATE OF DEATH	MONTH D	9 82	26 HOUR	PM	
	3. SE	FEMALE	4. RACE WHITE		OF BIRTH OUNE 1, 1898	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER SYEAR	HOURS A	HRS AIN	
5	(	RTHPLACE (STATE OR FOREIGN COUNTRY) PENNA	76 CITIZEN OF WHAT C	/HAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED XXX DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH					
5	R	ANDALLSTOWN	BALTIMORE	COUNTY GEN	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME						
5	-			PENCE BEFORE ADMISSION) Y OR TOWN LTIMORE	134. INSIDE CITY LIMITS? YES NO XX	3508 LAN	S SGREHR I	#2120 RD., AI	)7 PT. 1D	ě,	
30		ATHER'S NAME FIRST MAX		LSTEIN	SARAH	MIDDLE		BAT	DER		
1	16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN] (IF YES, GIV	E WAS OR DATES!	4-20-8939	3420 JANVAL	COLM JACON LE RD. I	BALTO.,	MD 21	1207		
9	1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE JMMEDIA)	nly one couse per line lor ED BY: TE CAUSE (a)	101, (b), and (c)	morone	anis	7	BETWEEN	MATE INTERVAL ONSET AND DEA	ATH	
		Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost	DUE TO, OR AS A C	CONSEQUENCE OF	OT RELATED TO THE TERM	desire	PADITION GIVE	FN IN PART 1	0		
	CERTIFICATION	19a. DATE OF OPERATION		OR WHICH OPERATIO	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E						
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MC	ONTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	ART I OR PART 2)			
i	WED	21d INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  AT WORK		ORY OFFICE, FARM ETC )	ZII LOCATION STREET	CITY OR	TOWN	COUNTY	STATI		
		270.1 certify that (I) (this hospital) attended the deceased from 3 - 2 s 19 3 to 3 - 3 19 3 that (I) (we) lost sow the deceased this on									
	-1	272h SIGNATURE	Dommo		DEGREE ATTENDING PHYSICIAN		AFF SICIAN	8 -		52	
1		CHASSEM G	POUL MOT		320 ADDRESS	County	5 Ga	n. He	مكنيه	il	
		BURIAL, CREMATION, REMOVAL BURIAL	AUG.30,198	B2 HEBREN	FRIENDSHIP	23d LOCATION CITY OR TOWN BALT I		°°WARY	LAND	E	
		UNERAL DIRECTOR SOL 010 REISTERSTON	LEVINSON & VN RD. BALT	BROS., INC	21215 25a DAT	P 1 1982	256 GS1511	mars signal	aniel	(	

DHMH - 16 50M 1/81 (VRA 15, 4)

MANUALLY ALBERT SOME STORY OF ALLERT BUT TO THE THE THE PARTY OF THE

	1	STATE OF MARYLAND									
		FOR STATE REGISTRAR			CERTIF	EALTH AND MEI	ATH	REG. N		9 8	8 7
100		OR PRINT)  MARGARET		ABETH	JOHN	ASI IC		26 DATE OF DEATH		DAY YEAR	26 HOUR
NW	3 SE		4 RACE	MULTI	S. DATE O		- 6	AGE TIN YEARS LAST BIR	ST 22,	# UNDER TYEAR	IF UNDER 24 HRS
41	18	FEMALE	WHIT	CE C	MARC		. 90°5	77	YRS	MONTHS DAYS	HOURS MIN.
in 72 hou	1	RTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYLVANIA	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAR		BALTIMORE CITY O	R COUNTY		MD
by the fu	10 CI	TY OR TOWN OF DEATH TOWSON	(IF NOT IN SUI	HOSPITAL, NURSII CH FACILITY, GIVE STREET OCKINGBI	NG HOME (	OR OTHER INSTITU	I NOIT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SECRETAR)	F WORKING LIF		OF BUSINESS OR
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME ITATE IS DO DE BALT		134. CITY OR TOV TOWSON		13d INSIDECITY	LIMITS?	3e STREET ADDRESS 800 MOCKIN	NGBIRD	LANE	APT.204
ompletely 1 and 2 sh	14. FA	THER'S NAME PIRST  DAVID	MIDDLE S.	JOHNS		15 MOTHER'S M. FIRS		MIDDLE	Н	IARRISO1	st N
Pages 1			ARMED FORCES?	166 SOCIAL SECI		17 INFORMANT		ADDR	SS		
S. Po		NO		216-01-	8651	GLADYS	W. JOH	NS 800 MC	OCKING	BIRD LA	ANE .
n signed by the atter Then please remave or r to burial, cremation, injury, ar ather traum	NO	Conditions, if ony, which gove rise to immediate cause lot, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT AS CL	(c)_	OR AS A CONSEOU		NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 1	o
te has beensit green prio	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?  YES NO	IN CERTIF	S, WERE FINDING YING CAUSES	NGS USED S OF DEATH?
ental Hy frem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A	.M. MONTH D .M.	AY YEAR		RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
os the bu th and M orked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE,	FARM ETC )	21f LOCATION STREET	101	CITY OR TO	WM	COUNTY	STATE
of Healing		220.1 certify that (1) (they have saw the deceased alive a above, (1) for Haid) (did	on8	1			19. 6 8 opinion de	eath occurred on the di	ate and hou	r and from the	
RAL DIRECT detached fo tate Dept. of		22b. SIGNATURE	4050	man	how,			MEDICAL STAI		224 DATE	13-82
TO FUNER should be of		Altred G	r. Ossa	nanSt	mo	22e ADDRESS	154	Paul St	Ba	Huno	ne 19d
		urial, cremation, remova specify) BURIAL		23c 25,1982 L		PARK CEM		23d LOCATION CITY OF TOWN BALTIMORI		COUNTY	MD. STATE
- 16 50M 1/B1 (RA 15, 4)		INERAL DIRECTOR  NAME  TCHELL-WIEDEFF	ELD HOME	6500 YOR	K RD.	21212	AUG 2	2 7 1982	25b REGISTI	FAR'S COMAT	er f

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUGUST STEEL SHELL STEEL CARLES

STATE OF MARYLAND FOR

STATE
REGISTRAR

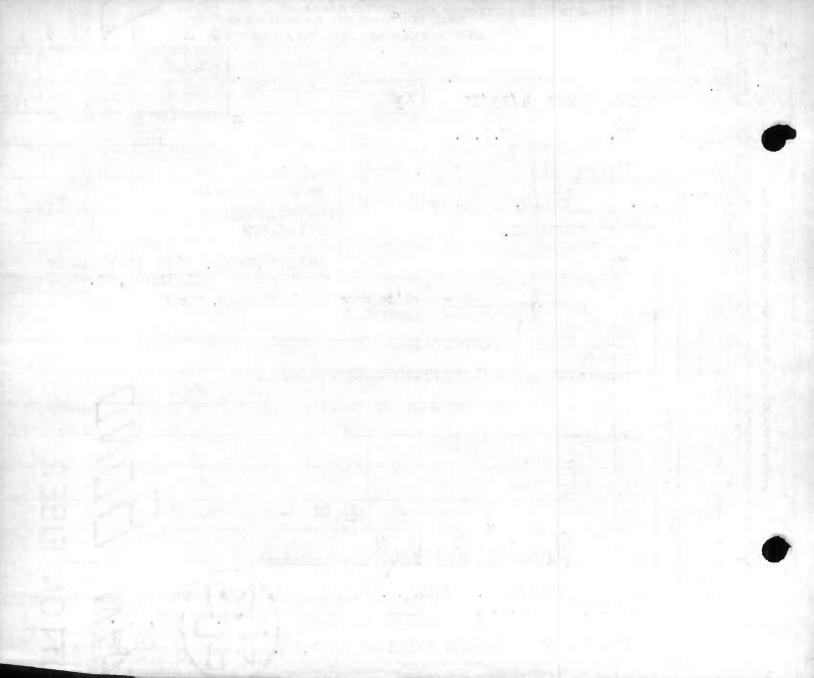
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

1	REOBIRAR					REG. N	0.		
	1. DECEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
	THO	MAS JOS:	EPH	JOICY,	SR.	August 2	, 198	32	11:50 A M
I	3. SEX	4 RACE	S. DATE C			6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS
1	Male	White	4	9 DAY	1911	7	1 YRS	MONTHS DAYS	HOURS MIN.
đ	8 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER M	ADDIED [	9 BALTIMORE CITY	R COUNT		
1	New York	U.S.A.	WIDOWE	_	ORCED	Baltimore	Count	Y	MD.
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C	OR OTHER INSTI	TUTION	12a USUAL OCCUPAT		126. KIMD	amers or
1	Dundalk	1906 Monroe	Road			Distribu	tor	Elec	tronics
1	SUAL RESIDENCE (IF NURSING HOME 130, STATE 136 COL			13d INSIDE CI	V I IMAITCO	13e. STREET ADDRESS			
1		timore Dun	dalk		NO 🔀	1906 Monro	ne Roa	ьd	
	14 FATHER'S NAME	WIDDLE	AST	15 MOTHER'S		ΛE	70 1100		
	Thomas	J. Joic	v, Sr.	Bel	la	WIDDIE		Tro	iano
1	160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCI	AL SECURITY NO	17 INFORMAN	NT .	ADDRI	SS190		oe Road
1	NO (1E YES, 10 OR UNKNOWN)	GIVE WAR OR DATES) 079-	16-1548	Frank	A. Jo				D.21222
F	18 CAUSE OF DEATH (Enter								MATE INTERVAL
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) PAI	UCREAT	10 CA	WIFE			DET WELL	NOTE AND DEATH
	1579 MMEDI								
1	Conditions, if ony, which	DUE TO, OR AS A COI	NSEQUENCE OF					A 1999	
1	gave rise to immediate	(b)							
1	cause (a), stating the underlying cause lost.	DUE TO, OR AS A COI	NSEQUENCE OF					100	
1		(c)							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART TIC	
Н	190. DATE OF OPERATION 230. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	MED	20e AUTOPSY?	120h IF YE	S, WERE FINDIN	ICS HEED
7	DI L	170. 201.011.01	THE TOTE WATER	TY THAT LENI ON	MED		IN CERTI	FYING CAUSES	OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW INI	LIPY OCCUPPI	YES NOK		ES []	NO []
4	00.000.000.000.000		TH DAY YEAR	110.110 1111	OKT OCCORR	ED (ENTERNATURE OF INJU	CA IM HEW IR	PART I OR PART 2)	
1	OR CONTRIBUTING C CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED		19	AV LOCATIO					
1	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY LATHOME STREET FACTORY.	OFFICE, FARM, ETC )	21f LOCATION	4	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		2/1/2	117				(5)	
ł	22a.   certify that (1) (this hos saw the deceased alive o	pital) attended the deceased			, 19_82	_, 10 chug.	2		that (1) (we) last
1	abave, (II (we) (did) (did i	not) view the bady after death	1.		our) opinion d	eath accurred on the de	ate and hou		
	22b. SIGNATURE			DEGREE	TENIDING	MEDICAL STAT		224. DATE :	
1	Lydra Ju	mamoy, m.	Ø.		TENDING YSICIAN	MEDICAL STAI	IAN 🗌	Aug.	2, 1982
1	226. PH SICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS			7-10		
	Lydia Jum	namoy, M.D.		6915	Bonnie	Ridge Dri	ve		
T	23a. BURIAL, CREMATION, REMOVA	· · · · · · · · · · · · · · · · · · ·	23c. NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION			
	Burial	8/5/1982	Oak L	awn		CITY OR TOWN	ltime	ore M	arvland
1	24 FUNERAL DIRECTOR 7922			1222	25a. DATE	REC'D. BY REGISTRAR			
	Ouda-Ruck Funeral	AI.	JURE 55		AU	G - 61982	100	m 2 C	hind
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DHMH - 16 50M 1/81 (VRA 15, 4)

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1	,	1. DEG	CEASED NAMI	E FIRST		WIDDLE			LAST			DATE KNO	WN VV	MONTH DA	AY YEAR	76 HOUR
	X 848.8.1			BENJ		W.	6. AGE (IN YE	ONES				DEATH MAT	-	8-2-82		M
	SYZHO SYR	3 SEX	MALE	WHITE	4/I3/I	YEAR	6. AGE (IN YE)	Y) MONTH		HOURS :		DATE ONOUNCED DEAD	8	8-2-82		5:36F
	STATE OF THE PARTY	BI FO	RTHPLACE (S REIGN COUNTRY)	TATE OR	TO CITIZEN OF W		TRY?	MARRI WIDOW	ED NEV	ER MARRIE DIVORCE	D	Baltimore	_			MD
	S SEE	Ra	ndalls	town /	II NAME OF HO	ore Co	. Gene	ral				L OCCUPATION STOF WORKING L	ON (TYPE OF	WORK 12b	OR INDUSTR	SINESS Y
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MD.	CATH PROS		ROBER!		SR.		LAST		EVA EVA	MAS	NAME	MIDDLE			LAST	
BALTIMORE	A GIVE PAGE  S. GIVE PAGE  WITH FORM  F. PAGES 1.  DIVISION O	16a. V	VAS DECEASE	D EVER IN U.S. ARA		16b. SOC	IAL SECURIT	/ NO.	17. INFORM		JONES	5. 760			LANE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	SHOULD BE EXECUTED WITHIN 24 HOUNDS "PENDING": IN PENCIL IN ITEM 18 THE MEDIOLAL EXAMINER ALONG YEUSED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I URIAL, CREMATION, OR REMOVAL.	7	gove ri cause (o lying cau	ns, if ony, which se to immediate stating the under-	(b)	R AS A CON	SEQUENCE (	DF DF				, foca				
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ON OF VI	THE WCOULD BINGE TO BE T		UNDERLYING	AL CAUSE WAS  OR  NG CAUSE OF D		M. MONTH	DAY YEAR	21c. HO	O YAULAI WC	OCCURRED	) LENTER NAT	TURE OF INJURY IN	I ITEM IS PART	T 1 OR PART 2)	YEN	NO []
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•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120	)		fy that I took charged from: Notur	e of the remains do al couses $x$ .	Accident	Krill	Autop	, Homicio		Undetern	Inquiry		DATE	3-82	
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. m=		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH W	MONTH DAY YEAR	26 HOUR
y be		RUTH	L	JONES	AUGUST 1	5 1982	10:22PM
ě d	3. SE	X	4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR	
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DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requir otherading physicien. Ifter this certificate has been sig os the burnal-transit permit. Ther th and Mental Hygiene prior to be and mental Hygiene prior to be orked or item 18 shows any injur	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE D  AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM, ETC.)	CITY OR TOWN	N COUNTY	STATE
R. All or use of teals is mo		220.1 certify that (1) (this hospi			. 10 8/1		. that (I) (we) lost
CTO CTO 1 for 1 of h		sow the deceased alive on above, (I) (we) (did) (did no	view the body ofter death.	9 6 , and that in (my) (our) opinio	n death accurred on the date	e and hour and from th	e couses stoted
OR A DIRECTOR PORTE		22h SIGNATURE	Ont.	DEGREE	MEDICAL STATE		E SIGNED
		Lite	allow 100		DIRECTOR PHYSICIA	ND 8/1	6/82-
HOSPITAL ned by the FUNERAL id be det in the Store		22d. PHYSICIAN'S NAME (TYPE O	1 15	22e ADDRESS	c Ra. Lutherin	ال الم ما	103
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0000	1	URIAL, CREMATION, REMOVAL	23b DATE 2	31 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	-	SURIAL	18-19-1987	LORRAINE MART	BALTIM	WRE 1	JARYLAND
DHMH - 16 50M 1/B1 (VRA 15, 4)	6.	NERAL DIRECTOR	chunel ADDRES	Secretary of the A	UG 1 9 1982	John J.	Consell

RUTH L LONES AUGUST 15 1982 In:3284 TEVALE N WHITE LIVE IN THE STATE CALTO, COUNTY ST. JOSEPH HOSPITAL T. SALTO. SALTO. X SALTON DRIVE As-os design A - Water - State - St Elle Rebon - - 1005 Your Party to the Miles In Miles

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/	3. SE		4. RACE	Jord 5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		1982 NDER I YEAR	IF UNDER 24
		Male	Cauc.	MONT	0/19/1912	69	YRS.	HS DATS	HOURS
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) Itimore City	U.S.A.	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City OR			
58		TOWSON	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Saint Jose	REET ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Maintenan	N I WORKING LIFE) II	26. KIND OF NDUSTRY Weste	
21	USU 13a.	AL RESIDENCE (IF NURSING HOME O	DR OTHER INSTITUTION, GIVE RESIDENCE BE JINTY 13c. CITY OR T	EFORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS			-
E		ryland Bal	timore Baltin	more	YES NO X	4812 Kenw	ood A	venue	е
9		ATHER'S NAME	MADOLE JORG		15. MOTHER'S MAIDEN NA	ME		LAST	
50		George	T. Lang	g	Sädie	B. G	Seyer	LAST	
1		WAS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMANT	ADDRES			
medica		YES, INTO WIKNOWN) (IF YES, G	213-0	7-0940	June V. Har	desty, 600	5 Gle	n Fal	lls I
e E	-	IN CALIFFOR DEATH (Extra	only ane cause per line for (a), (b)						MATE INTERV
6		PART I. DEATH WAS CAUS	ATE CAUSE (o) Acute	Myocaro	dial Infarction	on			
ther		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF					
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Nem 21 is marked or Nem 18 shows any injury, or	WEDICAL 23a.	COUSE (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE	218. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF DITOL) attended the deceased fro Allocast View the body after depth.  OR PRINT)  Lee, M.D.  L 23b. DATE	DAY YEAR 19 INCE, FARM, ETC.) 23c, NAME OF C	21t. HOW INJURY OCCURI 21t. LOCATION STREET  1. 19 8.2 and that in Mys. (our) opinion of the physician of th	200 AUTOPSY?  YES NO   RED (ENTER NATURE OF INJURY  CITY OR TOW  to August 1  deoth occurred on the dot  MEDICAL STAFF  DIRECTOR PHYSICIA	20b. IF YES, WI IN CERTIFYING YES THE ITEM IS PART I	COUNTY  82 t d from the c  22c DATE \$ 8/1.	IGS USED OF DEATH NO

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in try should be detoched for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 shi with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

njury, ar other troumotic event, th

any

IMPORTANT: If Item 21 is marked or Item 18 sh

230. BURIAL, CREMATION, REMOVAL
BUR, AL

FUNZRAJ

24 FUNERAL DIRECTOR

23b. DATE

		STATE OF MARYLAND	
1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  B 2  REG. NO. 1 9 8 9	5
(TYI	RAVMO	NA F. KEAVNEV 20. DATE OF DEATH MONTH DAY YEAR 26. HOULD	
1 SE	MALE	RACE IN YEARS LAST BIRTHDAY SAR STATE OF BIRTH MONTH DAY TO A THE SAR STATE OF BIRTHDAY AND THE SAR STATE OF BIRTHDAY MONTHS DAYS HOURS AND THE BAY	24 HRS MIN.
7	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)  ARY AND  ITY OR TOWN OF DEATH 111.	OCITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NOTICE  POLITION  120 USUAL OCCUPATION	MD.
T	owson V	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINES (FENDE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORK FO	SSOR
130.	STATE US COUNTY  O. BALTO  ATHER'S NAME	Y 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	APTE
	THOMAS BY	STAVILY KATHERINE ADDRESS  LAST  KATHERINE  ADDRESS  ADDRESS	
U	(YES, NO OR UNKNOWN) (JEYES, GIVE W)	LA 220 240548 FAMILY RECORDS	
	PART I. DEATH WAS CAUSED B  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last		DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  196. AUTOPSY?  196. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	1
MEDICAL CERTIF	21a. ACCERNT WAS UNDERLYING COCKERN OF DEATH OF THE ROLLY ANDIES CALER OF DEATH OF THE ROLL CEANINGS.  214. INJURY OCCURRED.	216 TIME OF INJURY 216 HOW INJURY OCCURRED CRASHE MATURE PART & DRAWLE PART & DRAWLED	_
ME	AT WORK AT WORK	TAL HOME STREET, FACTORY, OFFICE FARM ETC.) STREET STREET CON-10-10-10-10-10-10-10-10-10-10-10-10-10-	Alt
	The I certify that (I) this hospital) saw, the decreased alive on above, (I) (we) (did) (did not) in The SIGNATURE	ow the body after death.  DEGREE  ATTENDING   MEDICAL STAFF	
	22d. PHYSICIAM'S NAME (TYPECAPA)	The state of the s	04

23c. NAME OF CEMETERY OR CREMATORY

HARFORD

BALTIMOR

AUG - 5 1982 PEGISTRAR 25 DEGISTRAR'S SIGN

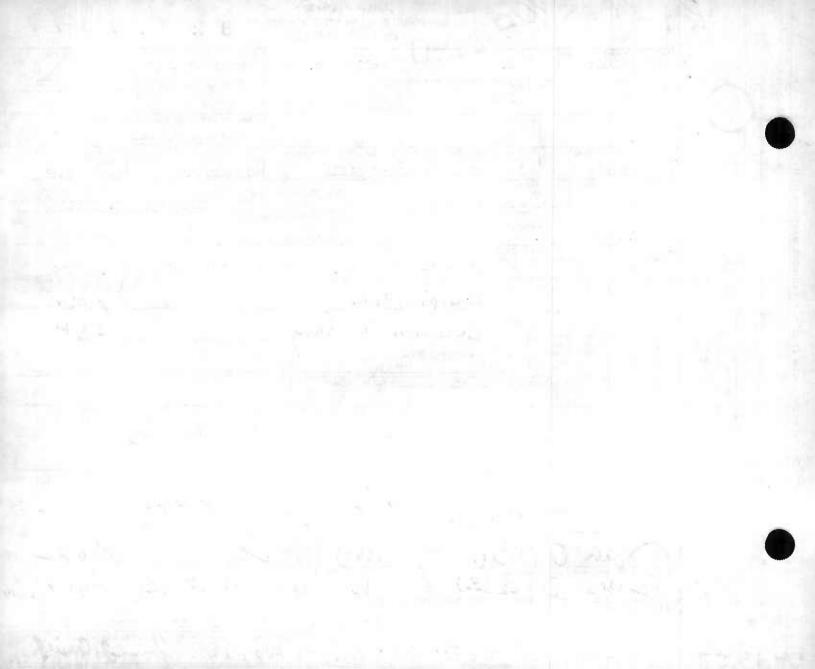
DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician

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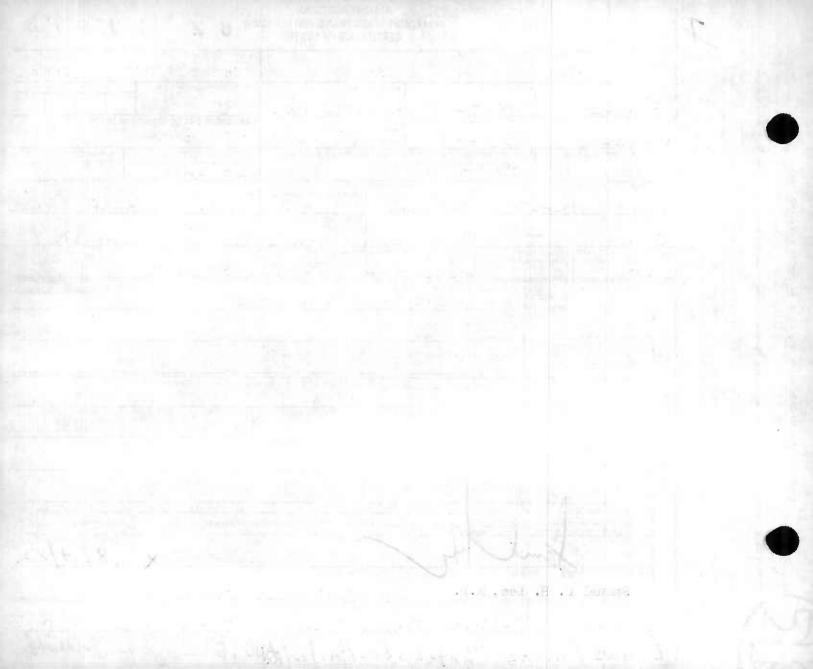
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO . DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ERINE OF ESTI-1.00 3 SFX 6 AGE IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 62 YRS DEAD 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY COUN MD DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY HSWE 3d. INSIDE CITY HMITS? ESSEX 14 FATHER'S NAME AND OF WITA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for Ap), (b), and PART I DEATH WAS CAUSED BY DUE TO. OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES [] NO SHOULD BE 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY ZIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION 71d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I took charge of the mouthin described above, held an Autopsy Inspection and in my apinion death resulted from Natural could Suicide Homicide Undetermined manner DATE SIGNED (TYPE OR PRINT) 23c, NAME OF CEMETERY OR CREMATORY LOCATION BP **DHMH - 17** (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND



1				STATE OF MAR	YLAND				
11.	FOR STATE			NT OF HEALTH A		SIENE D	1	98	9 9
	REGISTRAR			CERTIFICATE C	F DEATH	RE	G. NO.	, 0	
	CEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEA	ТН монтн	DAY YEAR	2h HOUR
93	Minni	e	Kin	rkaldy		Aug	ust 19.	1982	3:45 A
3 SE	X	4 RACE	5	. DATE OF BIRTH		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		June 24.	1892	9	O YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	MARRIED NEV	ER MARRIED IN	9 BALTIMORE C	TY OR COUNTY	OF DEATH	
-	Scotland	U.S.A		WIDOWED [	DIVORCED [	Balti	more Cou	untv	ME
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING	HOME OR OTHER	INSTITUTION	12a USUAL OCC		126 KIND O	F BUSINESS OR
Ca	atonsville	All Saint			Ave. Ex			N/	A
UsU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE AD	OMISSION)		13e. STREET ADDI		41/ 4	-
			atonsvi]		DE CITY LIMITS?	Hilton A		habne	
14 FA	ATHER'S NAME		G VVIID VII	-	IER'S MAIDEN NA	ME		Maca	
	George	MIDDLE K1 TH	caldy		Jessie	MID	OIE	Beaton	1
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECURIT			A	Hilton A		
(	YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	20-56-93	IOO RATE	Mother T	/irginia-			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				no oner	TI GILLA	Catonisv		MATE INTERVAL DISET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT			ATH BUT NOT RELA		200 AUTOPSY	20b IF YES	S, WERE FINDIN	IGS USED
Ē	L			-	ė.	YES NO		YING CAUSES	NO
GE	210. ACCIDENT WAS UNDERLYING		URY MONTH DAY	21¢ HOV	V INJURY OCCURE	RED (ENTER NATURE C	FINJURY IN ITEM 18 P	ART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	inin g	MONTH DAT	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN		211 LOC	ATION	C 173	ORTOWN	COUNTY	STATE
>	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CIORT, OFFICE, FARA	w EIC)	ALL:				31716
	22a I certify that I this hasp	- THE 5/	5 10 6	Z, and that In (	my) ( apinion	, ta Au death occurred on	the date and hou		that (I) (we) lost causes stated
	STA SIGNATURE	Will	hita	DEGREE M. D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PI	STAFF HYSICIAN [	8/10	9/92
	224 PHYSICIAN'S NAME (TYPE			22e ADD				/	6
	Dr. Patrick					Ave., C		le, MD.	21228
23a. E	BURIAL, CREMATION, REMOVA			ME OF CEMETERY		23d. LOCATION		COUNTY	5,5495
	Burial	Aug. 21,	1982 All	Saints	Cemetery	Catons	ville Be	Lto.	MD.
<sup>2</sup> Le	roy Mich Russe 30 Edmondson A	11 C. Witz	ke Funer	al Home	P.A. 250 DAT	JG 1 9 198	RAR 256 SIST	RAR'S SIGNAT	

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has

etained by the haspital

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 shi with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

integ thinking the second second 19, 1910 1:15 Al Jenike Anna 21, 1892 90 cotime F.S. L. Canty interpretable [34] Seinter Conv. et Hilton (ve. set H/4 H/4) I believed to the telephone of the state of Contract the state of the state bebrain ova more . 200-74-93-0 Mev. holing dissiple- Catanaville, 19. 1922

Authol Lut. S English Compared to the Compared

290 Erderick to., with rills, J. 21226

9. BALTIMORE CITY OR COUNTY OF DEATH Balto, Co 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 305 Worthington Rd Worthington 21204 Mrs. Dolores DeVilbiss305 Worthington Rd esotre Cerdiovarcular dusce PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE ond that in (my) (ess) opinion deoth accurred on the date and haur and from the couses stated 22¢ DATE SIGNED PHYSICIAN Md. 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

1982

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

Seef II resurds not pinting police years

MIDDLE LAST Mary K. Maddox ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES Y NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE 8/30 82 , and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN X 8/30/82 6701 N. Charles St., Baltimore, MD 21204 John E. Adams, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE Burial CITY OR TOWN Sept. 2,1982 Oaklawn Baltimore, Baltimore Co., Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 6500 York Rd ADDRESS Mitchell-Wiedefeld Home, Inc. Balto., Md, 21212

REG NO

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MONTH

8/30/82

IF UNDER I YEAR

INDUSTRY

2h HOUR

12b. KIND OF BUSINESS OR

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IF UNDER 24 HRS

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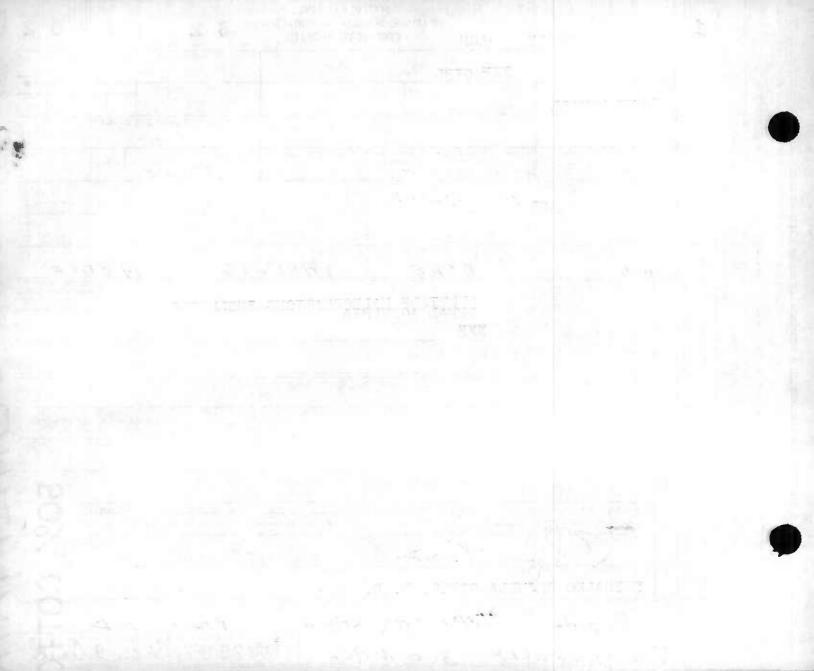
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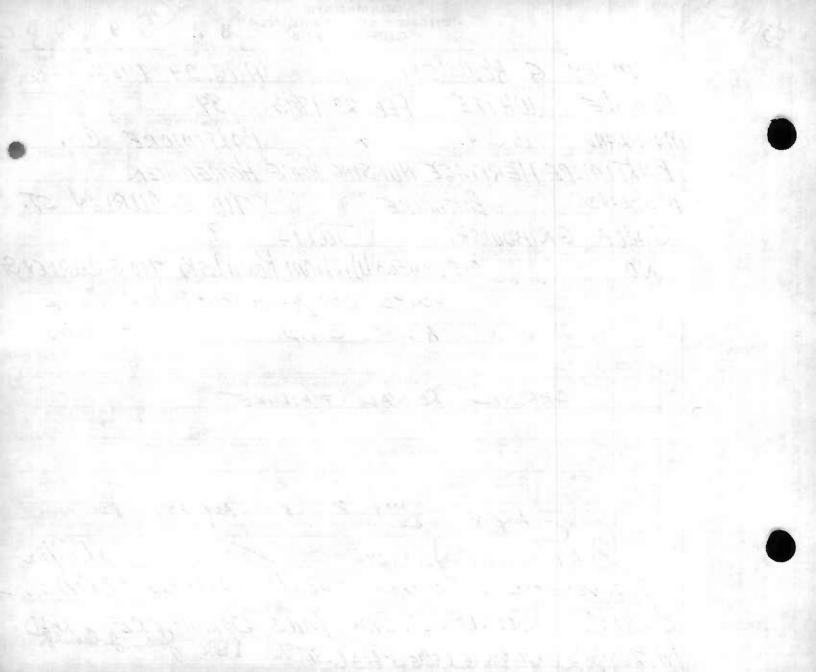
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TELESTI- 10:12 Inc. wilton, x121212

STATE OF MARYLAND



					STATE OF MARYLAND		
V	0	1 - ST		DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	9 9 0 3
	3 25		SED NAME FIRST	G. KOWALS	Ki LAST	AIIG. 29	1982 5129 M
		FE FE	MALE	WHITE	S DATE OF BIRTH FEB. 23 1893	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS HOURS MIN
		MA/	RYLAND	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	BALTIMORE CITY OR COUNT	F CO MD
201	nours after	BI	AKTIMORE	HERITAGE	HURSING HOME	HOMEMAKE	MOUSTRY
LAND 21	ithin 24 h	MA.	RYLAND TOUR	NTY BLATIN		AME	URLEY ST.
E, MARY	compile	J	ACOB GA	ABOUSKI MAN	JULIA	ADDRESS	LAST
LTIMOR	cian and rs. Pages al.	(YES,	NOOF UNKNOWN] (IF YES, GIV	21509	4503 WILLIAM	KOWALSKI 71	OS. CURLEY ST
N ST., 8	ath certifica ding physic rbon papers or removal		PART I DEATH WAS CAUSE	TE CAUSE (a)	ute Congest	ive Hart Faily.	re- iwak
PRESTON	the attend the attend emove cark emation, to	9	onditions, if any, which have rise to immediate ause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	1 5, C V.D.		TYEMS
, 201 W.	quires the	P/	nderlying cause last	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	EIVEN IN PART I (a)
RECORDS,	s been s nit. Ther prior to ws any	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	ING PHYSICIAN: The ending physician.  After this certificate ha the burial-transit permite burial-transit permited of the forest of them 18 shown arked or them 18 shown are the forest or the forest		B. ACCIDENT WAS UNDERLYING [	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM II	YES NO SE, PART 1 OR PART 2]
DIVISION OF VITAL	ENDING PHY or attending ph OR: After this c is as the burial is marked or	MEDIC	FEITHER, NOTIFY MEDICAL EXAMINER  IN JURY OCCURRED  WORK NOT WHILE NOT WHILE NOT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	79 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ā	or a or a OOR: Use a Heal Heal		o.1 certify that (I) (this hasp	oital) attended the deceased from  AU  19  19  19  19  19	f	n death occurred on the date and h	our and from the causes stated
	DIR Dept		b. SIGNATURE)	aneraung		MEDICAL STAFF DIRECTOR PHYSICIAN	Shaff &
	TO HOSPITAL Strained by the TO FUNERAL Mobilit be detail with the State	22	B.C. VENE		40 m 34012	Jundalk Ave	Bold 41 2 222
010	BP	10	RIAL REMOVAL	5EP1.1.82	TANIS ALL	5 BALTIMO	STDAP GREEN STATE
	DHMH-16 25M (VRA 15, 4) 1/79	KA	EZOROWS X	FUHERAL HOI	ME FLEET ST SE	P 1982	The country of



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 7b HOUR (TYPE OR PRINT) ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. I PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS OS/ 201 W, PRESTON STREET, M. Kozlowski 19 82 8 DEATH MATED Stanley 4 RACE & AGE UN YEARS I IF UNDER 1 YR 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS 20 DATE 39 LAST BIRTHDAY) PRONOUNCED CAUCASTAN 08 MALE 12:20 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? PM MARRIED A NEVER MARRIED USA Baltimore County DIVORCED WIDOWED 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 18. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY
LIGHTING ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LABORER Baltimore Medical Center 2, AND 3 TO 3. RETAIN PA SHOULD BE AL RECORDS Towson 8117 POPLAR AVE. 13d. INSIDE CITY LIMITS?
YES NO A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PACE GIVE PACE VITH FORM PM C CV THOMAS STANLEY KOZLOWSKI HELEN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION 219261654 BEVERLY KOZLOWSKI 8117 POPLAR AVE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND MI , 21201 PRIGR TO BURIAL, CREMATION, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T ID. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [ 210. EXTERNAL CAUSE WAS 216 TIME OF INILIRY 71c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN (TEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 2Tf. LOCATION LAT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK TO FUNERAL DIRECTOR: I AFTER DEATH, WITH THE S BALLIMORE, MARYLAND, 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted fram Natural causes Hamicide Undetermined manner MEDICAL EXAM ECUTE THE CERTIF GE 4 SHOULD B TITLE (SPECIFY) ACTUAL 8/27/82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Balto . MD 21201 Hormez Guard M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 8/30/82 CEMETERY BALTO BP 24 FUNBRAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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11 POPPLAR AVE.		BEACHT IN		u
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1 - STATE

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

AUG 24 1982

Cahre

OTHER PROPERTY.

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	9907
e pe		CEASED NAME FIRST THEOI	DORE L KRE	BS LAST	20 DATE OF DEATH MONTH	14 82 839
1 1	1 SE	MALE	CAU.	S DATE OF BIRTH  FEB 27, 1913	6. AGE (IN YEARS LAST BIRTHDAY)  6. YRS	MONTHS DAYS HOURS MIN
10 85		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED		COUNTY
1 19 58	1	TOWSON MD	ST JOSEPH	IG HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	IZE. KIND OF BUSINESS C INDUSTRY
25	13a. S	AL RESIDENCE (IF NURSING HOLD OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY BALT	N 13d. INSIDE CITY LIMITS?		sth ST
and 2 s	14. FA	JEREMIAH	D. KREA	15. MOTHER'S MAIDEN NA FIRST  ELIZAB	MIDDLE	LAST
Poges 1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GF			E KREBS 85	48 W 35th S
that the death certificated by the attending physical lease remove corbandopial, cremation, or removal or other traumatic event, it		PART I. DEATH WAS CAUSE 5339 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	TE CAUSE (6) CARDI  DUE TO, OR AS A CONSEQUE  (16)	ORESPIRATORY AR  ORESPIRATORY AR  ORESPIRATORY AR  ORESPIRATORY  A	SHOCK	
quires signe signe ta bur njury,	NOIL	Penul	joiline.	DEATH BUT NOT RELATED TO THE TERM	Sortic Di	neury for
The low rection.  It is to be	CERTIFICATION	196 DATE OF OPERATION	Incorcerate	,	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: Tottending physici er this certificate the buriol-trans and Mental Hygi ked or Item 18 sh	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 1)	8 PART 1 OR PART 2}
ING PHY r ottendii After this as the bu th and M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDI Sspital or SCTOR: A d for use t. of Heal m 21 is m		saw the deceased alive a obove, (**(we) (did))	t) view film body of ler death.		death occurred on the ote and h	
PITA. OR by the hor by the hor by the hor be detoched Stote Dep ANT: If her		22b. SIGNATURE	Seyleme	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
FO HOSPITAs eroined by 1 TO FUNERAL should be deturned with the Stote		22d PHYSICIAN'S NAME (TYPE			W DD MONGON	
Of Other		16671		7620 YOR	K RD TOWSON	MD 21204

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FOR - STATE

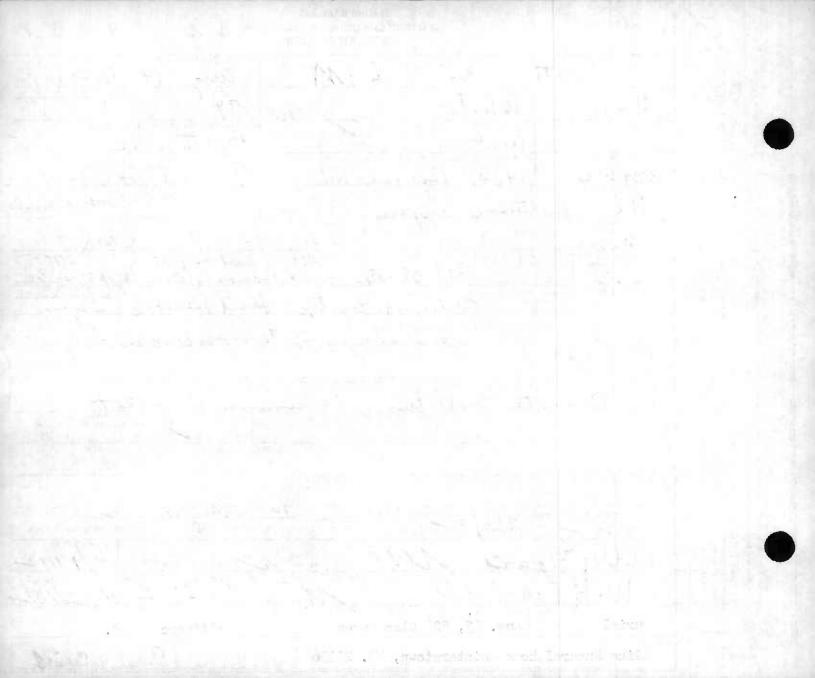
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR				CENTIL	ICAIL OI DEF		REG.	NO.				
1 DECEASED NAME	FIRST		MIDDLE	· ·	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR	
OK PRINT)	Freder	rick	H.	Kue	ehnle			8	17	82.	9-15	A M
3 SEX		4. RACE		5. DATE C		1/2	6. AGE (IN YEARS LAST	IRTHDAY)	MONTHS	ER 1 YEAR	IF UNDER 24	
Male		White		Febr	uary 17,	1906	76.	YRS	MONTHS	DATS	HOURS	MIN.
O. BIRTHPLACE (SI	ITE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MAR	PIED [	9 BALTIMORE CITY	OR COUN	TY OF DE	EATH		
Maryland		USA		WIDOWE			Baltimore	Coun	ty			MD
10 CITY OR TOWN	FDEATH		HOSPITAL, NU		ROTHER INSTITU	ITION	120 USUAL OCCUPA			KIND O	F BUSINES	5 OR
Randallsto		Baltime	ore Cou	nty Gene	eral		Ret- Insp				Elect:	ric
USUAL RESIDENCE (	F NURSING HOME OR		13c. CITY OR 1	EFORE ADMISSION)	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS				_	
Maryland	Balta	imore	Woodm	oor	YES N	IC.	3408 Mayf	air Ro	d. :	2120	7	
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S M.		WE WIDDLE			LAS	ī	
Frederick	H	i	Kuehnle		Mathi					aute:	r	
60 WAS DECEASED		MED FORCES? E WAR OR DATES)	166 SOCIALS	SECURITY NO.	17 INFORMANT		_	RESS Md		207		
Yes		r WW I	216-03	-0400	Mrs. El.	sa M.	Kuehnle	3408 1	Mayfo	air.	Rd.	
18 CAUSE OF	DEATH Enter an	ly ane cause per	r line lar (a), (b	, and ici.						APPROXI	MATE INTERVA	ATH
PART I. DEA	TH WAS CAUSEI	E CAUSE (a)	Cardi	0-1664	mary	an	rest 218	)				
4/0	0	DUE TO O	R AS A CONSE	OUENCE OF	0		_				2104	
Canditions, if	ony, which	(b)		nlion,	ence S	Loca	Le Mul	mpl.	2			
gave rise to		DUETO	R AS A CONSE	OUENICE OF			A			AL.		
	cause lost.	(6)	MJOCa		Interse	nm	42HD					
PART 2 OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN	PART 1	3	
NO N												
190 DATE-OF C	PERATION	196 COND	ITION FOR WH	HICH OPERATION	WAS PERFORM	ED	200 AUTOPSY?				GS USED OF DEATH	2
Ē		1					YES NO DE		YES [	CAUSES	NO [	
9	AS UNDERLYING	216. TIME C		DAY YEAR	21¢ HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 15	B PART I OR	PART 2)		
OR CONTRIBUTING	CAUSE OF DEA	i n	.M.	19	3.1							
LIFEITHER NOTIL	CURRED		OF INJURY		211 LOCATION		CITY OR	OWN		YINUC	STA	16
WHILE AT WORK	AT WORK	[ATHOME ST	REET FACTORY OF	FICE FARM, ETC )	SIREEI		CITION	0 4414		101411	314	E
220.1 certify th	at (I) (this haspit	tal) attended th	ne deceased Ira	om_ 95 -	12-	9 83	to \$	17-	19 4	2	that (I) (we	) last
saw the d	eceased alive an, we) (did) (did na	View the body	2 - 1	9 <u>\$2</u> ; an	d that in (my) (au	r) opinian c	death accurred an the	date and h	our and f	rom the d	causes state	ed
226. SIGNATUR	E		difer death.		DEGREE				22	2c DATES	SIGNED	
1	4. M. St	1ah			ATTE	NDING SICIAN F	MEDICAL ST DIRECTOR PHYS	AFF KIAN []	<	8-1	7-82	
22d. PHYSICIAN	I'S NAME (TYPE O	RPRINT)			22e ADDRESS	CLD		as.		0		
F	1. M.	SHAH	-		RAN	DA	MATTEN	his	)	211	84	3
230 BURIAL, CREMA		23b. DATE		23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	-		110	~ B	-
Cremation		8/18/	82		o Memoria		Catonsvi	7.7.0 1	Rat +	imore	STA	/E
74 FUNERAL DIRECT	OR 8728	abertu			town, Md.		REC'D. BY REGISTRA					
Loring Bye	rs Fino:	rat. Din	atone	Tue	cown, ma. 21133	AUG	0 0 4000	100	w	2 Ca	welf	
	-0 10001	. UL DUI't	COULS,	ITIC.	27799	LAU	J W WOLL	1	-0	Park Care	ALTONOMIC TO STATE OF THE PARTY	-

DHMH 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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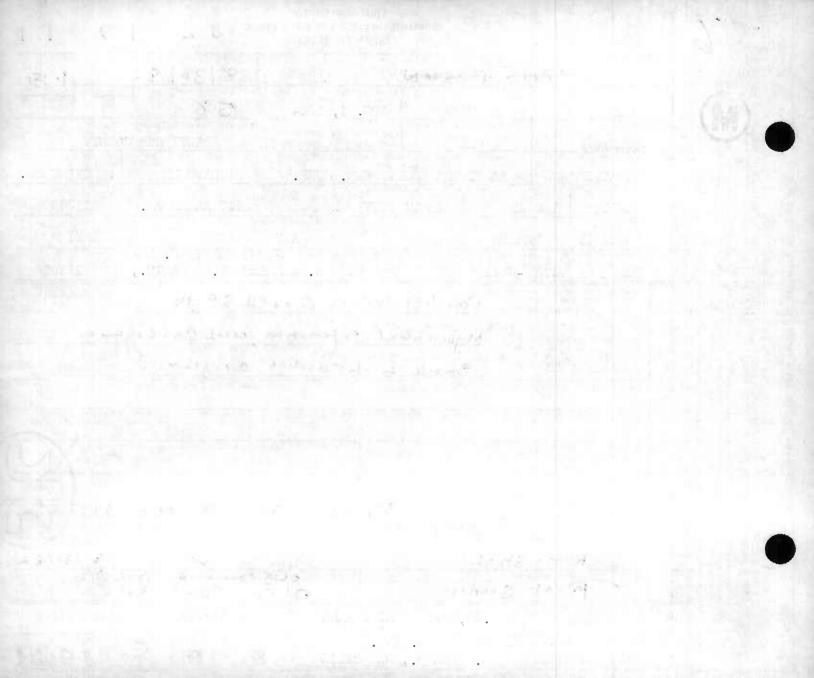
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D		
		CEASED NAME	FIRST	BARTON	MIDDLE	i	AST	2a. DATE O	FDEATH	MONTH	DAY YEAR	26 HOUR
	TITTE	OR PRINT)	LA	40 P	ARTON	-	LAND	8	30	82		1-15PM
	3. SEX	(		4. RACE		5 DATE C		6 AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
		MALE		WHIT	TE	AUG	. 4, 1924 YEAR	5	8.	YRS.	MOINTHS	MOURS MIN.
J		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARRIED	9 BALTIMO	ORE CITY O		OF DEATH	
2		MARYLAND		US	SA	WIDOWE	3737		BALTI	MORE	COUNTY	MD.
7	III CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF			OF BUSINESS OR
5		RANDALLST	OWN				EN. HOSP.		PATCHE			KING CO.
-		AL RESIDENCE (IF NURS	HIS HOME OR		GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET	ADDRESS			***********
)		MARYLAND	HOW.		ELLICOTT		YES X NO	6617	ALLEN	RD.	#2:	1043
A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			
	0	SAMUEL	M	ARCUS	LAND		MARY		MIDDLE		LE	VIN
5		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT JUD	GE MAF	(VIAPORI	ss LAN	D	
-	(,	YES NO OR UNKNOWN)	ARMY	-WWII	100		100 S. CHARL	LES ST.	BA	LTO.,	MD 2	21201
1		18 CAUSE OF DEAT	H Enter on	ly one couse per	line for (a), (b), on	d (cy					APPRO) BETWEEN	XIMATE INTERVAL
	11/4	PART I. DEATH W		E CAUSE (a)	antio ?	Mor	and ours	ार दे	40			
		4100	THE PARTY		r as a consequ	NCE OF	0					
	-	Conditions, if ony,	, which		1-10 cant		Injurina	esit	1 Ca	ntio	your	
		gove rise to improve couse (o), statis		DUE TO O	R AS A CONSEQUE	NCE OF &	8			. (		
		underlying couse	lost.	(c)_	Struck	en 17	1 cardiac	our	4+2r	al a		
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR CONT	DITION GIV	EN IN PART 1	10
	CERTIFICATION											
0	CAI	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		S, WERE FINDS	
	RTIF							YES 🗌	NO	YE	S 🗌	NO 🗌
1		210. ACCIDENT WAS UN		110110 1	F INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	BY IN ITEM 18	PART   OR PART 2)	
	SAL	(IF EITHER, NOTIFY MEDI		10		19						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	~	AT WORK NOT WE	HILE									
		22a.1 certify that (I)				XI	30, 19 82	, to	8-3	F ~		, that (I) (we) lost
		sow the deceos obove, (I) (we) (	ed olive on did) (did no	t) view the body	after deoth.	SZ_, 01	nd that in (my) (our) opinion	deoth occurr	ed on the do	te and hou	ond from the	couses stoted
		22b. SIGNATURE					DEGREE	WEDICAL.	67.45	-	22c. DATE	ESIGNED
		R	· m .	Shel			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	PHYSIC	IAN	8	130/62
		22d. PHYSICIAN'S N.	AME (TYPE O				22e ADDRESS O	ester	AR	1 -	ic oit	1.
		ا	C. WI.	SHF	TH.		010	) (	, om	R.	P .	
	230 B	SURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	AUG. 3	1,1982 23c	NAI I	SRAEL CREMATORY	BALT	ATION IMORE		COUNTYMA	RYLAND

21215

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO., MD

SOL LEVINSON & BROS. INC.



STATE OF MARYLAND

		RST	MIDDLE	i	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU!				
YPE	E OR PRINT)	ROBERTA	Mary	LAN	E		8.27	7 82	3:0				
1 SE	<sup>×</sup> Female	4 RACE Whit	е	S. DATE O	of Birth ber 24, 1908	6. AGE (IN YEARS LAST BIRTI	MON		IF UNDER				
		ON 76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	IF UNDER LYEAR IF UNDER 2.  MONTHS DATS HOURS  S.  NITY OF DEATH  E. CO. M.D.  12b. KIND OF BUSINES INDUSTRY  1 Road, 21220  Gray  LAST  APPROXIMATE INTERV.  BETWEEN ONSEL AND D.  11000					
9 1	Female  RTHPLACE (STATE OR FOREIGN OUNTRY)  ARYLAND  IY OR TOWN OF DEATH  WSON MD  LL RESIDENCE (IF NURSING HOM TATE  THE STANAE  George  VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Ente PART I. DEATH WAS CALL  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost	U.S.		WIDOWE	ED DIVORCED	- BALTI	MORE C	O MD					
TO		ST JO	SEPH HOS	ADDRESS) SPITA	OR OTHER INSTITUTION	Honemaker of			BUSINE				
Ma	ryland B	county altimore	130. CITY OR TOW		134 INSIDE CITY LIMITS?		head Ro	ad, 2	1220				
	RTHPLACE (STATE OR FORENT COUNTRY)  Maryland  TY OR TOWN OF DEATH  WSON MD  ALRESIDENCE (IF NURSING P  TATE  George  VAS DECEASED EVER IN U. ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (E. PART I. DEATH WAS (O. Conditions, if any, wh gove rise to immedia couse (a), stating underlying cause (c. PART 2. OTHER SIGNIFIC  PART 2. OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (JE ETHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE AT WORK  220.1 certify that #1 (this)		D <b>ryden</b>		15. MOTHER'S MAIDEN NA. Ada	MIDDLE		ay LAST					
	YES, NO OR UNKNOWN) (IF	V.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMANT	ADDRES		1145					
	No		219-10-9	7785	Mr. Richard	B. Lane, s	ame as						
	gove rise to immedicouse (a), stating underlying cause la	DUE TO, C	R AS A CONSEO	NCE OF		A LAT ME	-130	11)					
ATION	gove rise to immedicouse (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	A LAT ME	- ASC DITION GIVEN	U) IN PART 110 ERE FINDIN	GS USED				
RIFICATION	gove rise to immedicouse (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	OR AS A CONSEQUE	DEATH BUT	NSI UZ 4 7	A LAT ME INAL DISEASE OR COND	- ASC	U) IN PART 110 ERE FINDIN G CAUSES	GS USED OF DEAT				
CAL CERTIFICATION	gove rise to immedia couse (a), stating underlying couse Ist PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	DUE TO, CODE  ANT CONDITIONS CODE  1 19b. COND  NG 21b. TIME CODE  OF DEATH	ON AS A CONSEQUENCE ON TRIBUTING TO DESCRIPTION FOR WHICH	DEATH BUT	NSI UZ 4 7	A LAT ME INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, WIN CERTIFYIN	IN PART 100  ERE FINDIN G CAUSES	GS USED				
MEDICAL CERTIFICATION	gove rise to immedia couse (a), stating underlying couse Is.  PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d, INJURY OCCURRED	DUE TO, CODE  ANT CONDITIONS C  1 19b. COND  ING	ONTRIBUTING TO I	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	A LAT ME INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	DITION GIVEN  JOB. IF YES, WIN CERTIFYIN  YES  YES  YES IN THE ALL PART IN	IN PART 100  ERE FINDIN G CAUSES	GS USED OF DEATH				
_	gove rise to immedicouse (o), stating underlying couse It.  PART 2 OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WMILE NOTIFY MEDICALE  AT WORK	DUE TO, CODE  ANT CONDITIONS CODE  19b. COND  19b. COND  19b. COND  AMMERI  21b. TIME CODE  HOUR A  CAMINERI  21e PLACE  (AT HOME ST	ONTRIBUTING TO I	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR!	A LAT ME INAL DISEASE OR COND  200 AUTOPSY?  YES NOW RED (ENTER NATURE OF INJURY)	DITION GIVEN  JOB. IF YES, WIN CERTIFYIN  YES  YES  YES IN THE ALL PART IN	ERE FINDIN G CAUSES (	GS USED OF DEATI NO				
_	gove rise to immedicates (a), stating underlying couse it.  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)  WHILE NOT WHILE AT WORK  22a, I certify that #1 (this)	DUE TO, CODE  ANT CONDITIONS C  19b. COND  1	ONTRIBUTING TO DITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REEL, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  CARM.EIC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR!	A LAT ME INAL DISEASE OR COND  200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJURY  CITY OR TOW  2, to 8	DITION GIVEN  JOB. IF YES, WIN CERTIFYIN YES [ YIN ITEM 18 PART II	IN PART 110  ERE FINDIN G CAUSES (	GS USED OF DEATI NO				
_	gove rise to immedicouse (o), stating underlying couse let part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d, INJURY OCCURRED WHILE AT WORK NOTIFY MEDICALE) 270.1 certify that of (this say the decease)	DUE TO, CODE  ANT CONDITIONS CODE  19b. COND  19b. COND  19b. COND  AMMERI  21b. TIME CODE  HOUR A  CAMINERI  21e PLACE  (AT HOME ST	ONTRIBUTING TO DITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REEL, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR!  211. LOCATION STREET  222, 19	A LAT ME INAL DISEASE OR COND  200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJURY  CITY OR TOW  2, to 8	DITION GIVEN  JOB. IF YES, WIN CERTIFYIN  YES  YIN CERTIFYIN  YES  YIN ITEM 18 PART II	IN PART 110  ERE FINDIN G CAUSES (	GS USED OF DEATH NO 51 standard (workers storing)				
_	gove rise to immedicates (a), stating underlying couse Is.  PART 2 OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED  WMILE AT WORK 270.1 certify that MEDICALE 370.2 certify that MEDICALE 370.3 ce	DUE TO, CO DIFTONS CO DISTANCE CONDITIONS CO DEATH A (AMINER)  21b. TIME CONDITIONS CO DEATH A (AMINER)  21c. PLACE (AT HOME ST DISTANCE CONDITIONS CONDITIONS CO DEATH A (AMINER)  21c. PLACE (AT HOME ST DISTANCE CONDITIONS CONDITIO	ONTRIBUTING TO DITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REEL, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION SIREE1  22 19 8  nd that in (and (our) apinion of DEGREE  ATTENDING	INAL DISEASE OR COND  200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJURY)  CITY OR TOW  2, to  death occurred on the dot  MEDICAL STAFI	DITION GIVEN  JOB. IF YES, WIN CERTIFYIN YES  YIN CERTIFYIN YES  YIN ITEM 18 PART II	ERE FINDING G CAUSES (  OR PART 2)  COUNTY  82, 11  d from the c	GS USED OF DEATH NO   51  hot 1 (wouses stot) IGNED 27				

DHMH - 16 50M 1/B) (VRA 15, 4)

shauld be detached far use as the buriol-transit permit. Then please remove corbonoope with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar remaval

TO FUNERAL DIRECTOR: After this certificate has been

6010 MREISTERSTOWN RD. BALTO OF MD

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Street The street The street

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puo

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept, at Health and Mental Hygiene priar to burial, cremation, or removal.

moy be

	1.	FOR STATE			DEPARTM	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	19914	1
		REGISTRAR CEASED NAME E OR PRINTS	FIRST	CE.	MIDDLE L		GVILLE	REG. NO.	TH DAY YEAR 1 HOUS	2
	3 SE	emsle		L RACE Whit	te	S. DATE O			MONTHS DAYS HELES	191.
3	5	Maryland		U .3	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR CO  BULLO  120. USUAL OCCUPATION	Country	MD.
53	3	Y OR TOWN OF DEATH  L RESIDENCE (IF NURSING HOME ATE  HER'S NAME  Charles  AS DECEASED EVER IN U.S. A		Balte	CHEACILITY, GIVE STREET	D. 6	encial Hos.	TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 126. KIND OF POSINESS INDUSTRY	Ž
33	13a.	mD	Ba		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES MO	3939 Fenh	urst Ave.	
Comin	[14. F/			MIDDLE	Saddler		15. MOTHER'S MAIDEN NA/ Idas	WIDDLE	Fleurÿ <sup>s</sup>	
medicol		MAS DECEASED EVER YES, NO ORTHINKNOWN)		WAR OR DATES	214-22 -		CaroTine F	Thompson, Md.	9 Kump Station R	ld.
r other troumotic event,		PART I. DEATH W  4140  Conditions, if any, gave rise to imm cause (a), stotin underlying cause	AS CAUSE IMMEDIAT which rediote	D BY: E CAUSE (o)  DUE TO, C	OR AS A CONSEQUE	SCE NCE OF L	wo ti'c hea	ut dis ea	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	2
nowleany injury, o	CERTIFICATION	PART 2 OTHER SIGN			Dneuc	mor	NOT RELATED TO THE TERM  N WAS PERFORMED	AUTOBEY? 20b.	ON GIVEN IN PART TO CENTUR A IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH? YES NO	
rked or them 18 st	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DEA	21e PLACE		19	216 HOW INJURY OCCURR 216 LOCATION STREET	ED (ENTER NATURE OF INJURY IN IT	TEM 18, PART T OR PART 7)  COUNTY STATE	
NNT: If Item 21 is mo		22a I certify that (I) saw the decease abave, (I) (we) (d) 22b. SIGNATURE	d alive on	8-	9- 19 6		DEGREE  ATTENDING PHYSICIAN  122e. ADDRESS	death occurred on the date or  MEDICAL STAFF DIRECTOR   PHYSICIAN	nd hour and from the causes stated  22c DATE SIGNED	
MPORTANT	5   5	SOON	CH	uL	HON	Ct	Baltmers	County G	Renee of Hosp	1/4

23c NAME OF CEMETERY OR CREMATORY Westview Crematory

DHMH 16 50M 1/81 (VRA 15, 4)

retained by the hospital

Nichelase Tor Matthews, 3021 Eastern Avenue Baltimore, Md.

23b. DATE 8-13-82

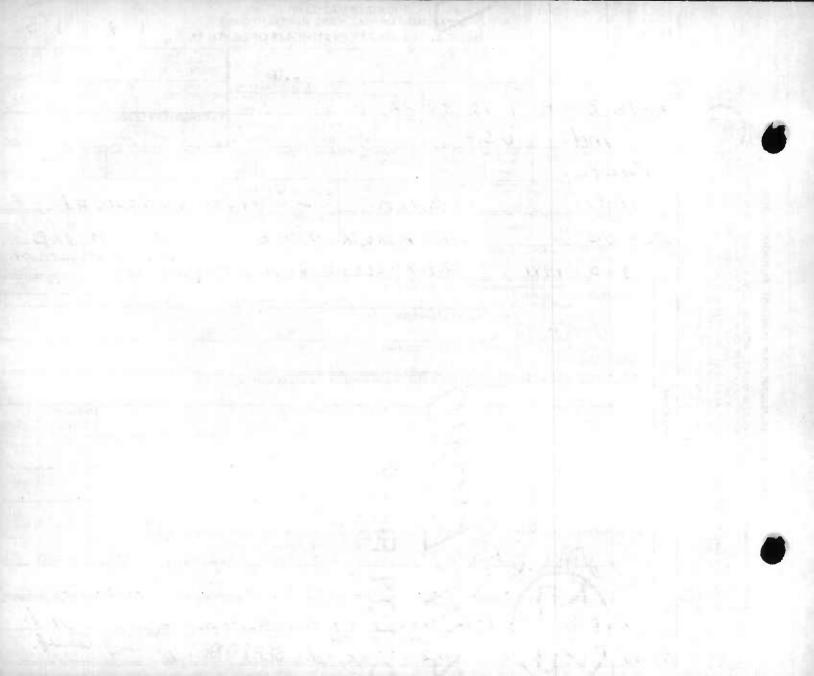
23a. BURIAL, CREMATION, REMOVAL 15 Cremation

Baltimore, Md / TATE

Baltimore

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					MARYLAND			-
		OR STATE			TH AND MENTAL HY	262	199	5
	-	REGISTRAR		L EXAMINER'S	CERTIFICATE OF			
		EASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE KNOWN OF ESTI-	0 00	YEAR Zb. HOUR
		JERRY	,		LATTIMORE	DEATH MATED		02
- 1	3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER TYR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DAY	YEAR 2d HOUR
1	0	PALE BLACK	9 12 50	7 22 YRS.	DNTHS DAYS HOURS	DEAD	9 4 19	82 10a <sub>M</sub>
	H BI	THPLACE ISTATE OR	76. CITIZEN OF WHAT COL	INITDV2	RRIED NEVER MARRIE	9 BALTIMORE CITY	Y OR COUNTY OF DE	ATH
9	FOR	EIGN COUNTRY)	115A		OWED DIVORCE		County	MD.
4	10_CI	Y OR TOWN OF DEATH	II. NAME OF HOSPITAL, N			120 USUAL OCCUPATION (	TYPE OF WORK 12h KIND	OF BUSINESS
		Baita	(IF NOT IN SUCH FACILITY, GIV			FOR MOST OF WORKING LIFE)	ORIN	NDUSTRY
4	TISTIA	DALTO.	Loch Raven [					
	13a S1		TY 13c. C.	ITY OR TOWN		13e STREET ADDRESS		1
		mail		BALTU,	YES NO		theate Ro	1.
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	LAS	Te
9		UBENE		TIMORE, S	R MARIE		Hoy	116
	M BALL	AS DECEASED EVER IN U.S. AR	WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	29 NORTHE	ATERd.
1		s, no, or uhknown)   IF YES, GIVE	31 21	4-80-666	5 Eugene	LATTIMORE:	SR	
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a),	(b), ond (c).)			APPR	OXIMATE INTERVAL
1		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a) Guns	hot wound d	of head (unsp	ecified weapo		
		955 4 MMEDIA	DUE TO, OR AS A CO					
		Conditions, if any, which						
		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CO	ONSEQUENCE OF				
		lying cause last.						
		PART 2 OTHER SIGNIFICANT (DNOITIONS	(CONTRIBUTING TO BEATH BUT NOT B	ELATED TO THE TERMINAL DIS	SACE BE CONBITION CIVEN IN PART	I (a)		
	z	THE E OTHER MOUNTERED CONDITIONS	CONTAINED TO DEATH BUT HUT I	SENTED IN THE TERMINAL DI	TARL OR CONDITION DITEN IN PART	1 (0)		
-	MEDICAL CERTIFICATION	190. DATE OF OPERATION	TION CONDITION SO	OR WHICH OPERATION	LWAS PERFORMED?		]70. A11	IOPSY?
	ICA	IN. DATE OF OPERATION	179. CONDITION PC	A STREET OF ENATION	orem onnes:			300NLY
	RTIE	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	/ las	HOW INTERPOSE INDE	) (ENTER NATURE OF INJURY IN ITEM		s X NO [
F	CE	UNDERLYING OR	HOUR A.M. MON	TH DAY YEAR			TIB PART I OR PART 2)	
	CA	CONTRIBUTING CAUSE OF		-28- 19 82	Self-inflict	red.		
	4ED	21d. INJURY OCCURRED	STREET, FACTORY, FARA		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	5	WHILE NOT WHILE AT WORK	woods		och Raven Dr.		Balto.	Md.
		220. I certify that I taak charg		H	ad Dily Inspection	. Inquiry .	ond in my opinion	
				_		Undetermined monner	7	
		death resulted from Natu	ral causes 🔲 , Accide	nt LJ, Suicide	-	Ondetermined monner	J,	
		ACTUAL MA	( ) NOW		TITLE (SPECIFY)	+	DATEO_	5_02
7		SIGNATURE	MIXIV		M.D. ASSISIAN	MEDICAL EXAMINER	SIGNED 9-	2-8/
1		EXAMINER'S NAME An	n M. Dixon.M.	D	111 D	enn St., Balf	o Md 21	201
		THE SECTION OF SECTION					U., MU. 21	201
	23a.8	URIAL, CREMATION, REMOVAL	Z3b DATE 23	NAME OF CEMETER	1	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	7-8-82	ARBUTUS			COLCAD ADIC CICALIAN	ma.
	24 FI	UNERAL DIRECTOR	ADDRESS	BALTO.	110.	EC'D. BY REGISTRAR 2517	EGISTRAR'S SIGNATUI	week
	K	edd FUNERA	L Home 5	209 YOR	KRd. SEP	IN BOC		



	1	1		1				MARYLAND				
23	- 6	11-	FOR STATE REGISTRAR					H AND MENTAL H CERTIFICATE O	EDEA OL 4	REG. NO.	9 1	6
			CEASED NAME	A FIRST CH	RISTIAN	WM. LA	UBACH	LAST	20. DATE KNO	WN MONTH	DAY YEAR	7b. HOUR
	\$858E	0.00	My	1100	n W	m	and	vach	DEATH MAT	ED 0//	6 86	- AM
	SARY, PLEA ALDIRECTO YOUR FILL 72 HOU	M.		LUC.	10 2	3 03 78	(IN YEARS IF U	THS DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	8/10	182	2d HOLER
	NA BERALL		RTHPLACE (STATE OF RYLAND	OR	76 CITIZEN OF WI	HAT COUNTRY?	8. MARE WIDON	21	BALTIN	ORE CO	UNTY	MD.
	BAY IS ID THE P I PAGE IS 20	h	1, 1,	MARSH	10410"	PITAL, NURSING H	ESSRD.	HER INSTITUTION	BRICK WELL		CONSTI	NUSINESS
21201	F ANY DEL	MA MA	AL RESIDENCE (IF IN	BACHT	OTHER INSTITUTION, GI	13BALTT		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	NCENT	RD.	
WD	THE WAY	14. F/	THER'S NAME FIRST		WIDDLE	LAST		15 MOTHER'S MAIDE	MIDDLE		LAST	
ORE	88888 —		HRISTIA VAS DECEASED EV		WM.	LAUBACH		MARY 17. INFORMANT	E.	DDRESS	EBERT	
ALTIM	T-MF-2K-2	(Y	NO (OR UNKNOWN)	(IF YES, GIVE W		217017		RUTH NU			BEACH	RD.
ST.		Г		WAS CAUSED		for (a), (b), and (c)	OF	aller	, 20	/		ATE INTERVAL
STON	N 24 F N ITEN ALOR IT PER NOVAL		185	MMEDIATE		AS A CONSEQUE	NCE OF	Dr. A	# 11	1		
7. PRE	TED WITHIN 24 HOIN PENCIL IN TEM 1 NENCIL IN TEM 1 XAMINER ALONG XAMINER ALONG MENTAL HYGIENE, N. OR REMOVAL	-	gove rise	if ony, which to immediate ting the under-	(b_0	AS A CONSEQUE	of	masia	le 91a	nd		-
201 V	XECUTED VG" IN PR ALL EXAM BURIAL -) AND MEN		lying cause lo		(c)	AS A CONSEQUE	ACE OH					
CORDS	ULD BE EXECUTE  "PENDING" IN I  E MEDICAL EXA  E MEDICAL EXA  HEALTH AND M  AL CREMATION.	NO	PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL OISEA	SE OR CONDITION GIVEN IN PAR	T 1 (a).			
AL RE	HOULD WED A CHIEF M CHIEF M CHIEF M CHEA CHEA CHEA CHEA CHEA CHEA CHEA CHEA	CERTIFICATION	190. DATE OF OPI	ERATION	19b. CONDI	TION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AUTOPS	.1.
IN OF V	MENT NEW		210 EXTERNAL C. UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR	OW INJURY OCCURRE	O (ENTER NATURE OF INJURY IN	ITEM IBPART I OR PA	YES	NOU
DIVISION	THIS CERTIFIC WARDED TO PACE 3 SHOU TATE DEPART 21/201 PRIOR	MEDICAL	21d. INJURY OCC WHILE NORK AT WORK	URRED OT WHILE       T WORK	21e PLACE ( STREET, FAC	OF INJURY (AT HO TORY, FARM, ETC.)	ME, 21f LC	DCATION STREET	CITY OR TOWN	cc	YTAUC	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH WITH THE STATE BATTMORE, MARYLAND, 2120		22a. I certify the death resulted for ACTUAL SIGNATURE		of the remains de	Acident .	Suicide	psy , Inspection , Homicide , TITLE (SPECIFY)	Undetermined manne	and in my of		
	MEDICA CUTE TH SE 4 SH FUNER FUNER TER DEAT	-	EXAMINER'S NA/	WETHE	O,C7	ATTER	Say	ADDRESS 34	27 Du	Δ Δ	an 2	5251.
00	524544 -	23a.B	URIAL, CREMATION					OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	INTY	STATE
	BP	E-market	UNERAL PRICTOR	3 [	3/13/82	GARDI	ENS OF		BALTO.	BAT.		MD.
	DHMH - 17 (VR A15 ME (5) ) 15M 2/80		"Lly	work	1211 C	nesaw	Are.	AUG	1 1 1982	John	7 Come	4

A THE RESIDENCE OF THE PARTY OF 17.0 22 2.7 ente narm rouges sea. Let got or a real relation statement and 10010 The A SE WHAT SHARE OF SHIPE OF 

. July 1885. W worth 18 55 Frie

A COMPANY OF THE PARTY OF THE P

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGISTRAR				CENTIL	ICATE OF L	ZEATH		REG. N	0.				
DECEASED NAME	FIRST		MIDDLE		LAST	-	2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HO	UR
	MARY		D.	LA	UKAITIS	3			08	30	82	14	PM
3. SEX		4 RACE		5. DATE (		YEAR	6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNE	DER I YEAR	IF UNDER	
FEMALE		WH	TE	08	14	1881		10	1 YRS		DATS	HOURS	MIN,
BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMO	ORE CITY C	R COUN	TY OF D	EATH		
MARYLAN	D	U.S	. A .	WIDOW	_	VORCED T	BAT	TIMOR	E CO	UNTY			MD
CITY OR TOWN O	F DE ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	4.80	TITUTION	120 USUAL	OCCUPAT	ION	12	KINDO	F BUSIN	
ARBUTUS			HEACILITY, GIVE STREET.		AVENUE			SEW IF		LIFE) IN	DUSTRY		
SUAL RESIDENCE (		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)									
MARYLAND		TMORE	13t. CITY OR TOW		13d. INSIDE C	NO 🔀	13e. STREET	BEEC	HFIEI	LD A	VENU!	E 2	1229
I. FATHER'S NAME	116				15. MOTHER	S MAIDEN NA							
VAT.E	NTINE	MIDDLE	BOGDAN		T.	OUISA		WIDDLE			G/	AWLI	K
a. WAS DECEASED	EVER IN U.S. AF		16b. SOCIAL SECU	RITY NO.	17 INFORMA			ADDRI	SS		- 0.		
NO OR UNKNOW	(IF YES, GI	/E WAR OR DATES)	215-01-5	5748	ANTHO	NY LAUI	KAITIS	826	S. V	VARW:	ICK 1	RD.2	1229
PART I. DEA	IMMEDIA Ony, which immediate stoting the	DUE TO, O	R AS A CONSEQUE	CO NCE OF	reduced on	Car	Lack des l	lose	e de	a	Y.	ent.	2
	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEAS	SE OR CON	DITION	IVEN IN	PART 10	a ·	
19a DATE OF O	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	20a AUTO	OPSY?	INCER		RE FINDIN CAUSES		TH?
00.00	USE OF DEATH (Enter of RT I. DEATH WAS CAUSE OF DEATH WAS CAUSE OF DISTRIBUTION OF THE RESEARCH OF THE RESEARC	2107	FINJURY M. MONTH DA M.	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER N.	ATURE OF INJU	RY IN ITEM 1	8 PART I O	R PART 2)		
WHILE	NOT WHILE	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATIO STREET		19	CITY OR TO	wN	C	OUNTY		STATE
saw the de abave, (1) (	eceased alive on	6/2	8 19 %	-	nd that in (my)	(our) opinion	death occurre	8/3 ed on the d	کے ate and h	_, 19_8 our ond	tiom the	that (1) (	we) last
22b. SIGNATUR	RE				DEGREE					7	22c. DATE	SIGNED	

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

(SPECIFY)

CLIFF RATLIFF 23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

5772 WESTVIEW MALL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION COUNTY BALTIMORE CITY

MARYLAND

BURTAL 0924 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, LOUDON PARK 21229 INC. 4107 WILKENS AVE.

09-03-82

250 DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

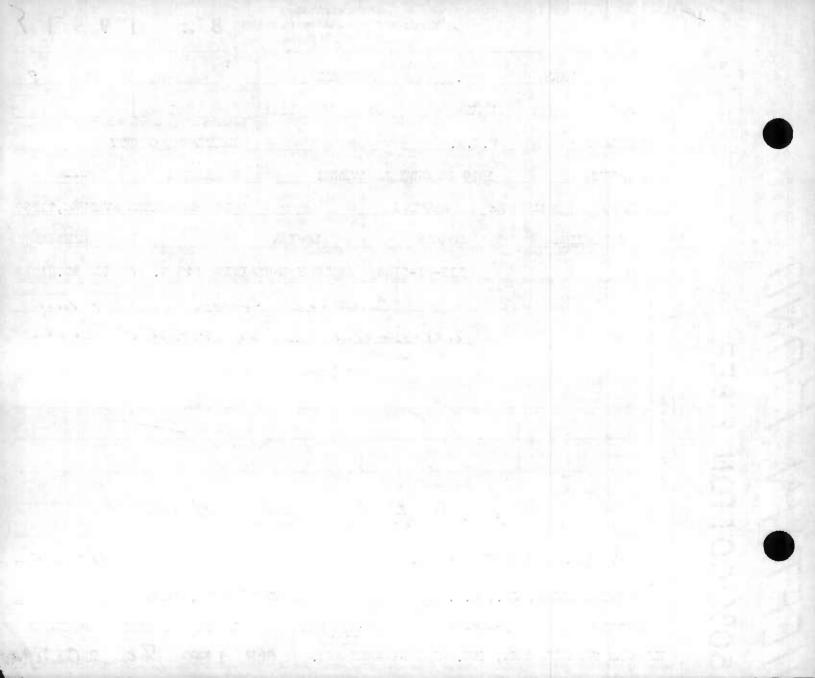
BP.

the burial-transit permit. Then pleas and Mental Hygiene priar ta burial,

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR: etained by the hospital

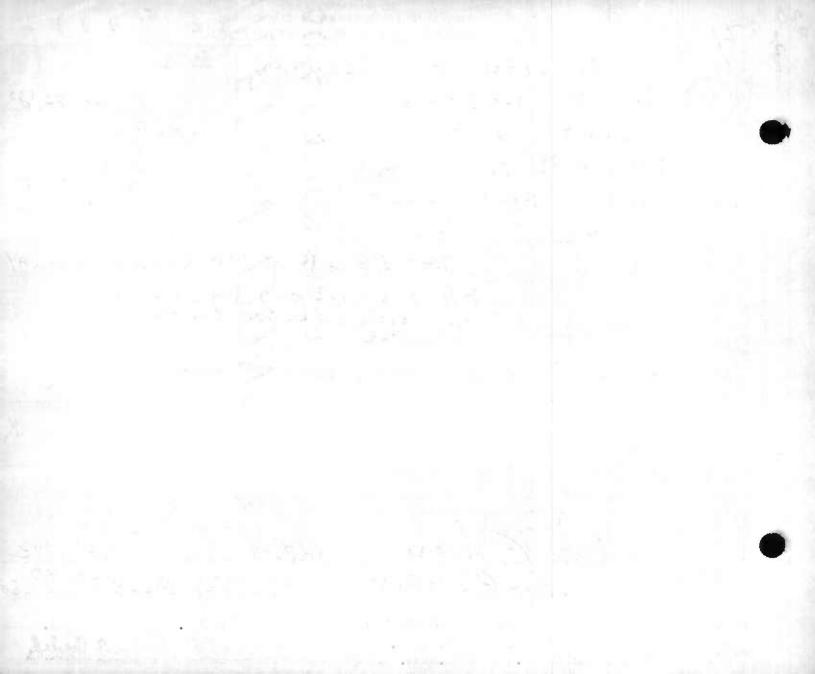
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or Hem 18 sha



1	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAN ALTH AND M CATE OF DE	ENTAL HYGI	0 6	REG. NO.	1 9	9	1	8
nay be poge 3 r death		CEASEDIVANIE	Mary Raym	ond Law		SP		August		~	YEAR	26 HOU 4:	O2am
ge 4 may ector, po	3. SE	Female	4 RACE Black		5. DATE O		1900	6 AGE (IN YEARS	82	YRS IF UN	HS 20	HOURS	MIN.
deoth. Poc	C	RTHPLACE (STATE OR FORE) OUNTRY) Louisiana	Unite	what country? d States	MARRIE		ORCED [		imore	Coun	ty		MD
tile of the state	Ва	ITY OR TOWN OF DEATH	Mother h	HOSPITAL, NURSIN H FACILITY, GIVE STREET OUSE, OK	olate			12a USUAL OCC			2b KIND O NDUSTRY	F BUSINI	ESS OR
filled in nould be	13a S	AL RESIDENCE (IF NURSING STATE Maryland	HOME OR OTHER INSTITUTION. COUNTY Baltimore	Baltimo	e admission) 'N DIE	136 INSIDE CIT	Y LIMITS? NO 🚰	13e STREET ADD		i			
mpletely and 2 st		THER'S NAME  Illiam J	oseph	Lawes		Lilli			IDDLE	В	ridge	s	
n and co	1	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	219-54		17 INFORMAN Oblate		rs - 70	ADDRESS O1 Gur	n Roæ	,Bal	to.	
rtificate b physicio onpapers. emoval.			Enter only one couse per CAUSED BY: MEDIATE CAUSE (b)	PNEV	MOI	11A					BFTWEEN	MATE INTE	RVAL DEATH
that the death ce d by the attending fleose remove corbs tol, cremotion, or rear or other traumotic		Conditions, if ony, w	hich ( (b)	AS A CONSEQUE	AST	ATIC	CAR	CIND	MA		1	980	
d by the feose remiol, cremion		couse (o), stoting	the DUE TO, OI	CARC	110	MA		COLON,				980	)
equires n signe Then p r to bur injury,	TION	HYPERT	ENSION	ONTRIBUTING TO	IG ES	TIVE	HEAT	LT F	4166	, RE			
The low ricion.  te hos bee sist permit.  giene prio	CERTIFICATION	190 DATE OF OPERATIO		MON FOR WHICH	OPERATIO	WAS PERFOR		200 AUTOPS	JN C	IF YES, WE CERTIFYING YES	G CAUSES	OF DE A	TH?
PHYSICIAN: The ending physicia this certificate is buriol-tronsit and Mental Hygin d or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH HOUR A.	M. MONTH D	AY YEAR			ED (ENTER NATURE	OF INJURY IN ITE	EM 18, PART I	OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME STE	OF INJURY IEET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	V	CIT	Y OR TOWN	C	COUNTY	5	TATE
ATTENDING sportal or off CTOR After d for use as the off Health ar		22a.1 certify that (1) (the saw the deceased above, (1) (we) (did)	Co 1	1 - 198	2 on	d that in (my) (	, 19 S/ our) opinion d	eoth occurred or	the date on	nd hour one	0 00	thot (I) ( couses st	
A d d d d		226. SIGNATURE	saska	rau		PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [		8-1		
TO HOSPITAL O retoined by the AO FUNERAL DI should be detach with the State De IMPORTANT. If h		SAMBA		BASKA	RAN	BAL	345 TIM	BRE	-KEN	15 A	212	29	
BP	23a. (	BURIAL, CREMATION, REA SPECIFY) Burial	23b. DATE 8/19/	1		METERY OR CE		23d. LOCATIO CITY OR TO Ba	l 1timo	ore	NTY	MD <sup>st</sup>	ATE
DHMH - 16 50M 1/76 (VR A 15 (4) )		uneral director n. C. Marc	h F/H 11	01 E. N	orth	Ave.	AL	IG 1 3 19	STRAR 256. R	EGISTRAR	SSIGNAT	URE-	eh

10h		1			STA	TE OF MAR	YLAND				
2/0	141		FOR	0	EPARTMENT OF	HEALTH AN	ID MENTAL HY	GIENE .	19	9 1 9	)
500	N OX		REGISTRAR	WEL	DICAL EXAMIN	ER'S CER	TIFICATE OF	DEATH REG	. NO.	, , ,	
1			EASED NAME FIRST		MIDDLE	LAST		20. DATE KNOWN	MONTH	DAY YEAR 26	HOUR
7	Marign	(11)	WILL	IAM	1+	120.	NARO	OF ESTI- DEATH MATED		19	44
	ES SE	3. SEX		5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER	1 YR. IF UNDER 2		MONTH		HOUR
	[編編]		MW	12-15	-14 GTY	RS. MONTHS C	DAYS HOURS	MIN. PRONOUNCED DEAD	A11/2	6 1982 1	30,
	335331	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH		8 .		9 BALTIMORE CIT	Y OR COUNTY		D W
	STATE OF THE PROPERTY OF THE P	FC	PENNS	1556	7	WIDOWED !	NEVER MARRIE	1 Dis	F CI		
	E 10' 10' 30'	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM			120 USUAL OCCUPATION	TYPE OF WORK 121	. KIND OF BUSINI	MD.
	PAGE FRIED	15	hATTIMURS		Dazarla Change	- 4-		FOR MOST OF WORKING LIFE		OR INDUSTRYO	rp
	AL NASO -	USUA	L RESIDENCE (IF IN NURSING HOME O		Bush Stre			Self-emplo		rilling	_
	SCHAP S	13a. S		×	13c. CITY OR TOWN	13d.		13e STREET ADDRESS 5	20613	VIATIO	
	SHOW SHOW	-		13 1921	13/7		s 🗆 но 📉		sh, Md	. 21162	
	A HINDER	14. F/	THER'S NAME FIRST	MIDDLE	LAST	15. A	MOTHER'S MAIDEN	MIDDLE		LAST	
	DRE, M DEATH. GES 1, M PW OF SO		Franklin		Leonard			unknown			
	ALTIMA AFTER SIVE PA H FOR AGES 1 ISSION	160 V	(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	1711	NEORMANT	ADDR		( 41./ 4/	
			no		114-03	6/16	COBT	SAPE ROZ	-11 KZY	HIGHW	MA
	HOURS M 18. G NG WIT RMIT. P. INE, DIV.		18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	y one cause per line	for (a), (b), and (c).)			10-1	_	APPROXIMATE INTE	
	W. PRESTON ST., WITHIN 24 HOUF ENCIL IN ITEM 18, MINER ALONG W ANNER ALONG W FINTAL HYGIENE, OR REMOVAL.			E CAUSE (o)	TIERTE	MILLIA	2 HWD	ARTERN			
	N 24 N 17E N 17E NOVA		4029	DUE TO, OR	AS A CONSEQUENCE	OF CV	IRPINU	ASCULAR			
	AAL HERANS	-	Canditions, if any, which gave rise to immediate	(b)	DISTA	4	, ,				
	SENTEN W		couse (o) stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
	EXECUTED NG" IN PROCESS A BURIAL AND MEI WATION, C		lying couse lost.	(c)							
	AAN		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONOITION GIVEN IN PART	1 (a),			
	DIVISION OF VITAL RECORDS, 201 SCERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EXA 23 SHOULD BE USED AS A BURRAL. E DEPARTMENT OF HEALTH AND ME SOI PRIOR TO BURRAL, CREMATION,	No									
	PEN A HEA	T T	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PE	ERFORMED?			20 AUTOPSY?	
	SHOULD ORD "PE CHIEF A FE USED / TOF HEL	CERTIFICATION								YES N	OK
	WO WO BE CENT	1 1	210 EXTERNAL CAUSE WAS	216. TIME OF		21c. HOW II	NJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2		1
	A SHOWEN		UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	1					
	CERTIFICATE TING THE WE TING THE WE TO THE T	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	FINJURY (AT HOME,	211. LOCATIO	ON				
	S C RITIE DIN	X	WHILE NOT WHILE C	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT	Y	STATE
10	E, WRR		AT WORK				7				
	EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE: ARRYLAND,		22a I certify that I took charge	e of the remains desc	ribed obave, held an	Autopsy L	, Inspection	Inquiry A	and in my opini	06	
	MERCHE SE		death resulted from: Natur	ol causes .	Accident , A Su	icide	Homicide	Undetermined monner	⅃.		
	A SECRET	1	ACTUAL MA	1/0//	en en 1	T	THE (SPECIFY)	/	DATE	2/2//15:	7
	ZESZE"	1	SIGNATURE	1 / / /		M.D	1721011	MEDICAL EXAMINER	SIGNED	5/26/80	
	4 4 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1	EXAMINER'S NAME ON	1166	JUS RIA	,	1311	WESTER	M. RI	m RD	2
	TO M PAGE AFTER BALTI		(TYPE OR PRINT)	0210	0 2 ( - 1 / 0	ADDI		CICEYIVI	LCZ	no 7/1	020
8	FAGEAR	23a, B	JRIAL, CREMATION, REMOVAL 2:		23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNTY	STATE	
0	BP	24.5	Burial	8/30/82	Lorrai	ie Par	k	Balto.	CICED ( DIS DIS	Md.	
	DHMH - 17		peral pirector Schimunek Fun	eral Hon	ne. Inc.		1° X11°	3 1 1982 25b	GISTRAR'S SIG	NATURE	
	(VR A15 ME (5) ) 15M 2/80		705 Belair R			1236	1 700	0 1 190L	min	wanter &	
				,							



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

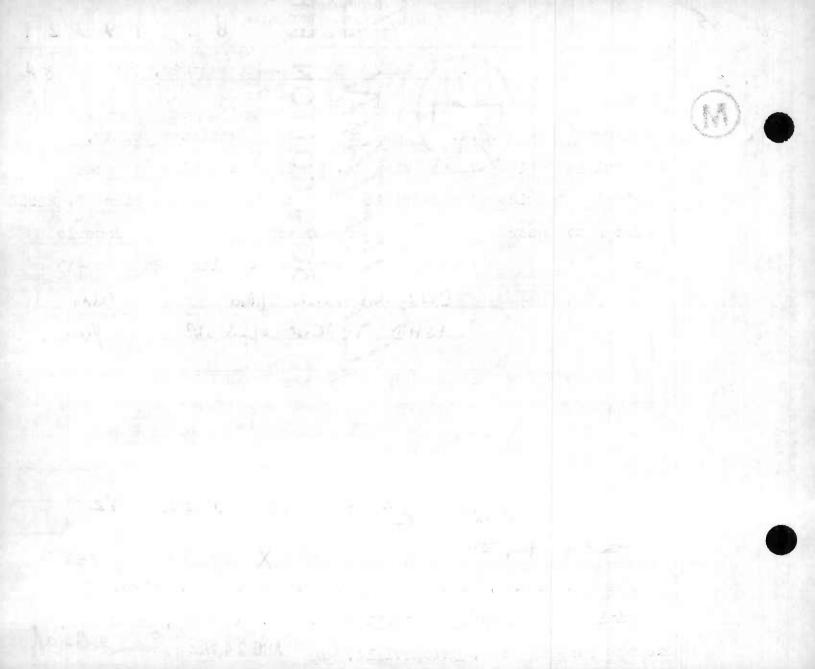
	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	o	9 9	2	0
		CEASED NAME OR PRINT)	FIRST	1	MIDDLE	L	ASI	20. 07.112 01 027.111	MONTH DAY	YEAR	2b HOUR	
		Male  BIRTHPLACE (STATEON WESTEN VIRGIN CITY OR TOWN OF DE Towson	WILL	IAM LEO	NHART	(W.Hard	1d Leonhart)	8/2	3/82		4:20	PM
6	3. SE.	Male BIRTHPLACE (STATE OR WEST") Virgin CITY OR TOWN OF DE TOWSON ULAL RESIDENCE (IF NUR ANTALE FATHER'S NAME FIRST	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	4 HRS
		SIRTHPLACE (STATE OR VEST VITGIN  ITY OR TOWN OF DE,  TOWSON  JAL RESIDENCE (IF NUR! STATE Md.  ATHER'S NAME FIRST		Cauca	sian	May	2nd, 1906	76	YRS.			Pet Irai
B/		YOUNGS VIRGIN ITY OR TOWN OF DEA COWSON JAL RESIDENCE (IF NURS) Md. ATHER'S NAME FIRST Wm. Henr			WHAT COUNT	DV2 0	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH		
20	W		la	USA		WIDOWE		Baltimore	County			MD.
-,	10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND C	OF BUSINES	SSOR
16			G	reater	Baltin	nore Med	ical Center	Re Insuranc	e	elf		
35	13a. S	al residence (if nursi State Md.	136. COUNT Balt	THER INSTITUTION. Y O •	134 TITY OR T	EFORE ADMISSION) TOWN ON	13d. INSIDE CITY LIMITS?	8031 York	Rd. Apt	t. A-J		
7.	14. EA			DOLE	LAST		15. MOTHER'S MAIDEN NA	WE				
50			y Leon	hart	(ASI		Dora Chanc			LAS	aT .	
1	16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS			
1		YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	216-0	7-6166A	Mrs. Martha	C. Leonhar	t-8031			
		18. CAUSE OF DEATH PART I. DEATH W.	H (Enter only	one couse per	line for (o), (b	), and (c).)				SETWEEN	ONSET AND D	EATH
		11100	MMEDIATE	CAUSE (o)	Myocaro	dial ini	farcts					198
		4100		DUE TO, O	R AS A CONSE	QUENCE OF				2		
		Conditions, if any, gove rise to imm		(b) A	rterio	sclerot	ic cardiovasci	ılar diseası	2		40 1	
		couse (o), stoting	g the	DUE TO, OI	R AS A CONSE	QUENCE OF						
				( (c)_								100
	Z	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0 1	
-	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDI	NGS LISED	10.1
1	FIC							YES TO NOT	IN CERTIFYIN	NG CAUSES	OF DEATH	1?
-	ER	210. ACCIDENT WAS UND	ERLYING	216. TIME O	F INJURY		21c. HOW INJURY OCCUR	12	YES [	-63.	NO []	
-		OR CONTRIBUTING C				DAY YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR		21e. PLACE		19	211 LOCATION					
	¥.	WHILE NOT WHI	ILE	(AT HOME, STR	REET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STA	ATE
		220.1 certify that (I)		1) ottended the	e deceased fro	m 8/2	3 10 82	to 8/23	10	82	that (I) (we	n) Inst
		sow, the decease	d alive on_	8/23	3	00'	d that in (my) (our) opinion	death accurred on the de	te and hour a			
		27k SIGNATURE	id [[did bot]	view the body	offer death.		DEGREE	V 74 E		122¢ DATE		
		6/	STA. Y	4.11	1 -	100	ATTENDING	MEDICAL STAI	F	1	24/82	
		224 PHYSIGIANISMA	ME TIME OF	tect)	_	-	PHYSICIAN [	DIRECTOR PHYSIC	IANA_	0/	24/02	
1		2 /			M D		6701 N Cham	los C+ Po	lto MT	212	04	
-	23n F	Rudiger F		necker.		23r NAME OF C	6701 N. Char	123d LOCATION	LLO, ML	212	04	-
	(	Burial  Burial		8/27/8				CITY OR TOWN		OUNTY	STA	ATE
	04.5	Durial		0/2//	52	Parkwoo	d tem.	Balto,	-0-			

BP DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home-65000 York Rd. 21212

25**AU5**RE2 68 1982 RAR

STATE OF MARYLAND



-	1 - FOR STATE REGIS
(more)	1. DECEASED

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	2
	R

1992

		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	17196	FRANK	SHELDON	LITT	TLE.	Sag 6, 1982		0	
	J. SE	X 4	RACE	5. DATE	OF BIRTH	6 AGE (INTERESTAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	mo	rle & U	White	Jul		84 YRS	MONTHS DATS	HOURS MIN.	
Ļ	F1. B1	76	CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH		
2	Pe:	nna	JSA	WIDOW		Baltimore Count	У	MD.	
7	al	timore	I NAME OF HOSPITAL, NURSING INFO THE STREET OF THE STREET	erd erd	Ave	170. USUAL OCCUPATION  HYPE OF WORK FOR MOST OF WORKING LIE  MACHINEST	126 KIND OI INDUSTRY	F BUSINESS OR	
5	130. S Md		HER INSTITUTION GIVE RESIDENCE BEFORE  Y CO 131 CITY OR TOW BELTSVI	N_	13d. INSIDE CITY EIMITS?	13. street address 4405 Greenwo	od Rd	T.	
6	14. FA	Uni	known		15. MOTHER'S MAIDEN NAM	Inknown	IASI		
2	lina: V	VAS DECEASED EVER IN U.S. ARMI YES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 16b SOCIAL SECU VAR OR DATES) 578-36-	3002	Patrick Lit	ADDRESS Bel tle-4403 Gree	tsvill nwood	e,Md: Rd	
2	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)  NDITIONS CONTRIBUTING TO I	ENCE OF			S, WERE FINDIN	IGS USED	
4	RTIFI					11	YING CAUSES	NO [	
7		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		27a.1 certify that (1) (this haspital saw the deceased alive on			, 19	, to deoth occurred on the date and hou		that (I) (we) last	
		22b. SISNA JURE	le mai du		DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	SIGNED	
/		224 PHYSICIAN'S NAME (1)	The state of the s		22e ADDRESS				
		Arthur Leon	ard		9000 Franklin Square Drive 21237				
	- (	SPECIFY)	0 = 0-		EMETERY OR CREMATORY	23d. LOCATION D CITY OR TOWN	COUNTY	STATE	
	Cr	emation	8-7-82 We	stvi	ew Cometer	Balltimore, Ma	ryland		

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is morked

Cremation 8-7-82 Westview Come Farley Funeral Home-6601 Frederick Ave

Westview Come Store REC D. BY REGISTRAR I AUG 151982

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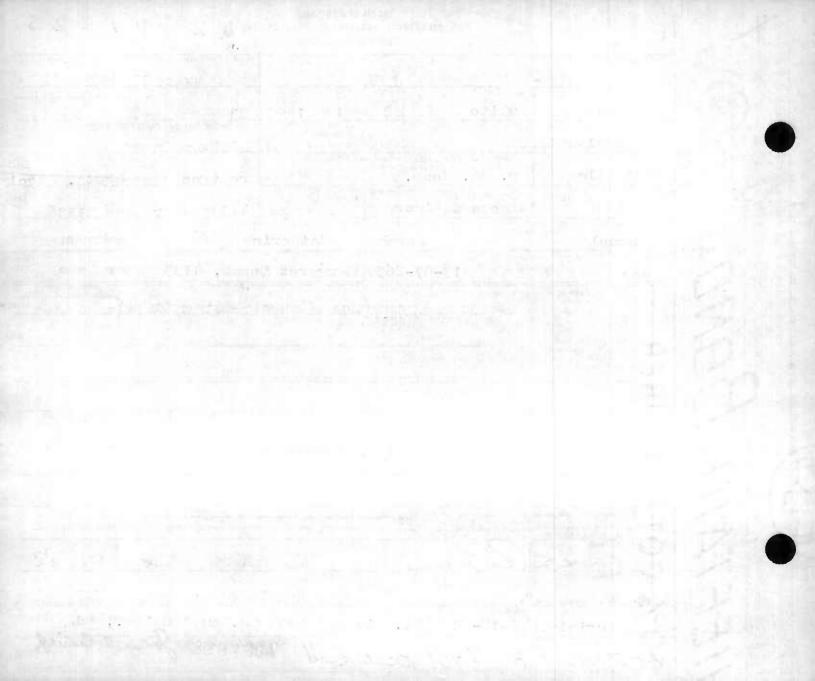
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24		CEASED NAME FIRST MARGUEF	RITE LOIZEA	UX	REG. NO.	0 40 00 0
	3. SE	4.	RACE white	5. DATE OF BIRTH MONTH DAY YEAR  7 29 190	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
in Zalida	76. BI	Naryland	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COL	UNTY OF DEATH
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completely filled in 1 and 2 should be	13a. S	THER'S NAME	imore Perry	Hall YES NO CAN NAME OF THE NA	5140 Silve	r Spring, Md.
physician and c an papers. Pages emaval. event, the medica	1		215-22		12	O Silver Spri
00000		PART I. DEATH WAS CAUSED	CAUSE (o)	ABDIAL TARABUM	CIN -	
ed by the attending leose remove carbor rial, cremation, or ret ar other traumatic ex	NC	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF A PASSECUENCE OF A PASSECU	CARDIAL INFAULT ENCE OF CLEROTIC CAF WELL AS A CONTROL OF THE TERM DEATH BUT NOT RELATED TO THE TERM	<i>D</i>	DISEASE N GIVEN IN PART 110
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training physician.  Its certificate has been signed by the attending burial-transit permit. Then please remove corbon Mental Hygiene prior to burial, cremoinn, or resonant less shows any injury, or other traumatic expension.	EDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY  P.M.  216. PLACE OF INJURY  196. PLACE OF INJURY	ENCE OF MAY AN JACKET OF THE TERM DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION	MINAL DISEASE OR CONDITION  200 AUTOPSY?  100 IN C	N GIVEN IN PART 110  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
pital or arenaing physician.  TOR: After this certificate has been signed by the attending to use as the burial-transit permit. Then please remove carbon of Health and Mental Hygiene prior to burial, cremation, or restain and mental Hygiene prior to burial, cremation, or restain and mental Hygiene prior to burial, crematic expension of Health and Mental Hygiene prior to burial, and other traumatic expension of the manufacture o	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify that (I) (this haspita saw the deceased alive on a contribution of the coused of the contribution of the couse of the couse of the couse of the contribution of the couse of th	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ENCE OF MAY AN JACKET OF THE TERM DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION	MINAL DISEASE OR CONDITION  200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN	N GIVEN IN PART 1(d  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO  EM 18 PART 1 OR PART 2)  COUNTY STATE
I ar arrenaing physician.  R. After this certificate has been signed by the attending use as the burial-transit permit. Then please remotive carbon leafth and Mental Hygiene prior to burial, cremation, or rest marked at them 18 shows any injury, ar other traumatic ex	4	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify that (I) (this haspita saw the deceased alive on a contribution of the coused of the contribution of the couse of the couse of the couse of the contribution of the couse of th	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ENCE OF MAY A TARREST OF THE TERM  TO SCLEROTIC CAP  ENCE OF A TARREST OF THE TERM  TO PERATION WAS PERFORMED  AY YEAR  19  211. LOCATION  STREET  ATTENDING  PHYSICIAN  222. ADDRESS	MINAL DISEASE OR CONDITION  200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 thou that (I) (we) I ad hour and from the causes stated

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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1 9	9 :	2 5
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
100		Walter		LORA		Augu			55 A M
1	3. SE		4 RACE	MON		6. AGE (IN YEARS LAST BIR	MONT		OURS MIN.
1	7a BI	male  RTHPLACE (STATE OR FOREIGN	white 76 CITIZEN OF WHAT COUNTRY	2	1 1899	83 9 BALTIMORE CITY O	YRS P COUNTY OF	DEATH	
75		Pennsylvania		MARRI	ED NEVER MARRIED DIVORCED	Baltimore	-	DEATH	MD
37	R	OSSVIlle	II. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE  TO Sq. Hosp	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Tetired	ON 1 F WORKING LIFE)   H	26. KIND OF BINDUSTRY Beth.	USINESS OR Stee]
g E)	13a. S	aryland Ba	or other institution give residence before the state of t	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4133 Bak	er Lan	e 212	36
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medica		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)  (IF YES, G  WW	RMED FORCES? 166. SOCIAL SEC IVE WAR OR DATES) 213-07		Margaret L		3 Bake	r Lan	е
r ta buriai, crematian, or injury, ar ather traumati	NOI	Canditions, if ony, which gave rise to immediate cause (a1, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF		INAL DISEASE OR CONI	DITION GIVEN I	N PART I (a	
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em 18 st		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
kedorh		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE	FARM, ETC )	21f. EOCATION STREET	CITY OR TO	WN	COUNTY	STATE
em 21 is ma		22a.1 certify that (1) (this was saw the deceased alive a above, (1) (w/k) (d/k) (did n 22b. SIGNATURE	n August 15.  19  19  101) view the body after death.	Augus 82	t 10 1982 and that in (my) (Mr) apinian o	, ta August death accurred an the do			
ANT: If It		220 PHYSICIAN'S NAME (TYPE	ORPRINT)	1	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC		8-15-	-85
MPORTANT:		R. Robinson M			9000 Frankl		rive	21237	
)		Burial, Cremation, Remova  Burial	23b. DATE 23c S	t. M:	cemetery or crematory ichael Luth	Ch. C'Elli.	Balto:	DUNTY Md.	STATE
50M 1/B1 5, 4)	24 FI	UNERAL DIRECTOR AMESSAHN F	. H. 7400PRESS	BEL	AIR Rel 250. PAY	JG 1 8 1982 AR	2 GEOSTRAR	ale (M)	uf



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 24 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Sadie Gladys Gascoyne Love 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) PRONOUNCED 45 Female White Mar. 11,1889 93 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED T Baltimore County, DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 13409 Cambria Farms RETAIN PA Phoenix Housewife Homemaker JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21131 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Phoenix YES \_ 3409 Cambria Farms Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William John Gascoyne Loucilla Clary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Cambria DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 216-46-3614 Speed, 13409 Farms Rd Mrs. Boyer 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 MEDICA HEALTH CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIA YES [ BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. OR TE PLACE OF INJURY (AT HOME, 21f. LOCATION ARDED 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE TO TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Dulaney Valley Cem. Cockeysville, Balto., Md. Burial BP 24. FUNERAL DIRECTOR **DHMH - 17** Lemmon-Mitchell-WIEDEFELD, 10 W. Padonia (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR CARRIE LOWRY 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 3. SEX & AGE TIN YEARS LAST BIRTHDAY MONTH DAYS Female White June 4, 1913 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Washington, D.C. U.S.A. WIDOWED DIVORCED | BALTIMORE COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Maker TOWSON Own Home ST JOSEPH HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Lutherville Baltimore 213 Ridgely Road Maryland YES [ NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDER Lillian Thayer Henry Crouch 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 215-58-3905 No James A. Lowry Same as #13. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) CARDIAC ARREST
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to immediate CARDIOVASCULAR DISEASE cause (a), stating the underlying cause lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 to DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED. 29m. ALITOPSY? 10h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F3 71s. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY THE HOW INJURY OCCURRED TENTER HATERS OF HIGHER PHITEM IS PART LORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF BITHER INCOMES MADIC AL EXAMINES D M 214 INJURY OCCURRED 211. LOCATION TIE PLACE OF INJURY CAT HOME STREET FACTORS OFFICE FARM, ETC.) CITY OF TOWN COUNTY MATE 22a.1 certify that IV the and that in (my lour) opinion death occurred an the date and hour and from the couse above, (we) (did) (did) 726 SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (THE OR FRINT) IZe. ADDRES OSLER Richard Diggs, M.D. 23s. BURIAL CREMATION, REMOVAL 23s. DATE 73c NAME OF CEMETERY OR CREMATORY Burial Aug. 13,1982 Dulaney Valley Cem. Cockeysville Balto., Md. 74. FUNERAL DIRECTOR ADDRES 1050 York Road DHMH - 16 50M 4/82 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)

June , Esta The contract of the contract o Detail | Market | All a Late of the ball of the late o Suck "1 49 - 5 uger 1 - one, Inc. 100 so , No. 1120h | Mill

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH LITYPE OR PRINTI PAUL LUCAS 8 82 Jr. 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 O 1 1 Male Black 51 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED X NEVER MARRIED Maryland USA BALTIMORE COUNTY WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY OWSON. MD. USUAL RESIDENCE (IF NURSING HOM 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore 1043 N. Aisquith Street 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Paul Lucas Sr. Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS YES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) No 219-22-8740 Marlene D. Lucas 1043 N. Aisquith St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE PRESTON HISTIOCYTICLYMPHOMA Candilians, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY -211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC. CITY OR TOWN COUNTY STATE NOT WHILE <del>8703</del> 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not; view the body ofter death 22b. SIGNATURE DEGREE 96/ lus, 1010 O FUNERAL Enable Description of the State C MEDICAL PHYSICIAN DIRECTOR PHYSICIAN XIX MPORTANT 22d. PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS G. HIGGINS. MD. GBMC-6701 N. CHARLES ST. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY BURIAL Cedar Hill Cem. Glenburnie Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 March F/H1101E. North Ave. (VRA 15, 4)

STATE OF MARYLAND

1-11-10 January 1-11 30,11/2 / 37. 1033 0) 01/ S-17-54 Miles & See French

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH FIRST 26 HOUR (TYPE OR PRINT) (nmi) IVAN TJUHT TR. /1982 8:43a M 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HPS 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 1896 MALE WHITE FEB. 86 TO BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ESTONIA U.S.A. WIDOWED BALTIMORE COUNTY DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY **ESSEX** RIVERVIEW NURSING CENTRE CARPENTER CONSTUCTION USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE MARYLAND **ESSEX** 417 DORSEY AVE. NO X 21221 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE IVAN (nmi) LUHT SR. HELEN MILLER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578,07,6212 RICHARD I. LUHT 7105 FAIT AVE. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for , (b), and ic PART I. DEATH WAS CAUSED BY osselle. IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

	factor and the second	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19

23b. DATE

21e. PLACE OF INJURY

211 LOCATION

CITY OF TOWN COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from\_ above, (1) (well did) (did not) view the body ofter death 226. SIGNATURE

NOT WHILE

21d. INJURY OCCURRED

DEGREE PHYSICIAN P

22e ADDRESS

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

22c DATE SIGNED

274 PHYSICIAN'S NAME LAYPE OR PRINT 0

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DIRECTOR PHYSICIAN

23e BURIAL, CREMATION, REMOVAL (SPECIFY)

MPORTANT

ild be deto the State

(VRA 15, 4)

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DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR

8/16/1982 CREMATION

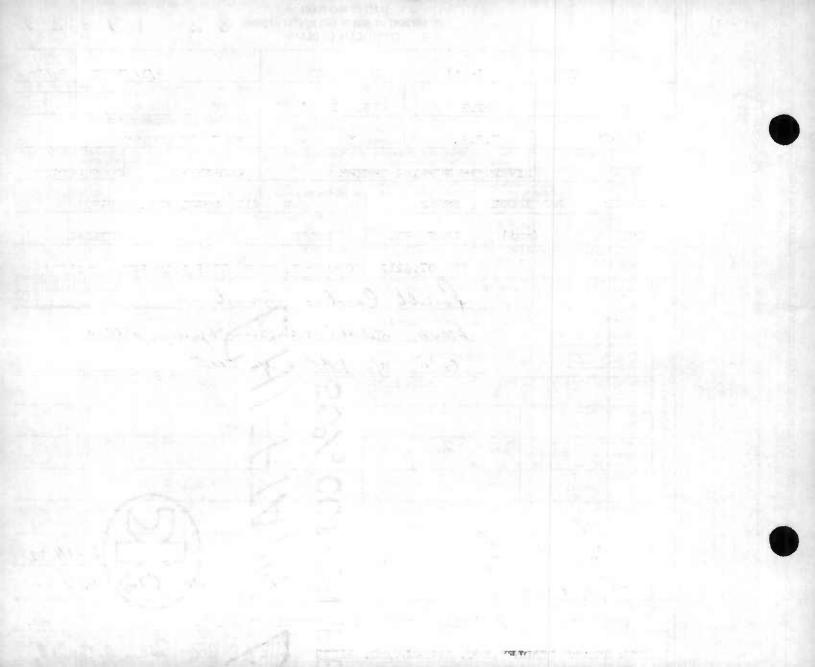
GREEN MOUNT CREMATORY

23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION BALTO.

MD.

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

BY REGISTRARIZED REGISTRAR'S SIGNATURE



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PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth. Page 4 m ending physicion.	this certificate has been signed by the attending physicion and completely filled in by the first the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 femals and Mentol Hygiene prior to burial, cremation, or removal.  d or them 18 shows any injury, ar other traumotic event, the medical examines must be patigized.
PHY	this certificate has been signed by the attending physici re buriol-transit permit. Then please remove corbon poper ad Mentol Hygiene prior to burial, cremation, or removal. d or them 18 shows ony injury, ar other traumotic event, th

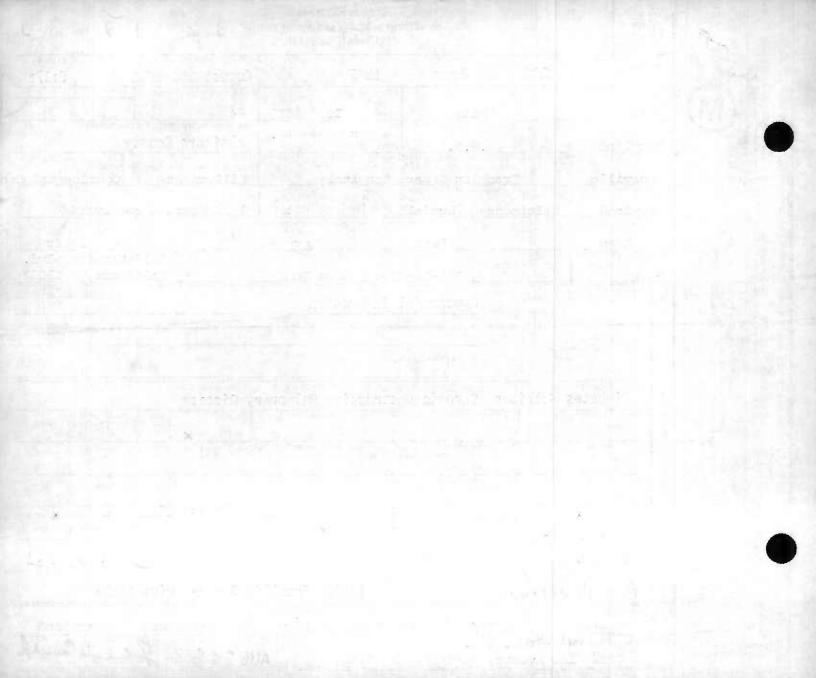
IMPORTANT: If Item 21 is morked

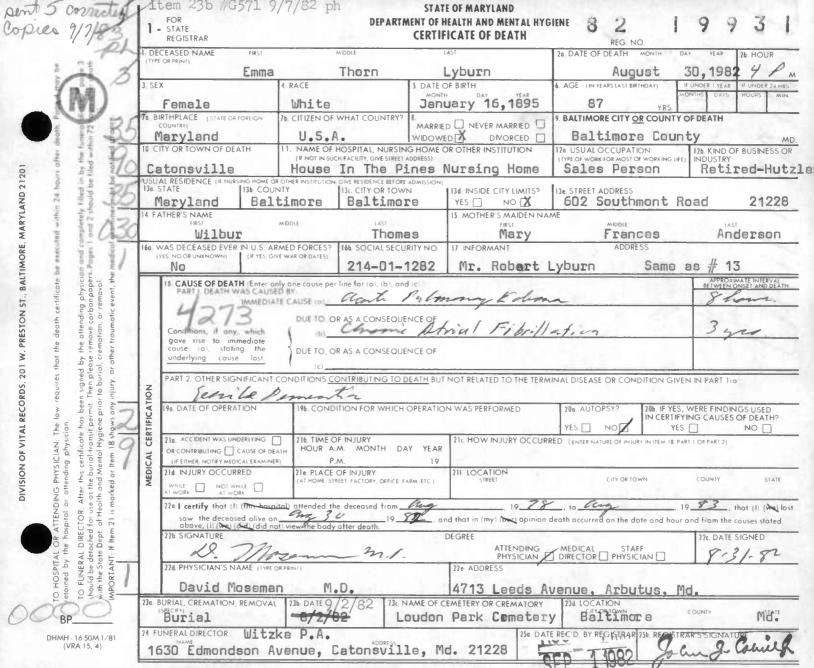
FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH				
DECEASED NAME	GEORGE	JOHN	LUNZ	Aug			

8	3	1	0	O	2	1
O	lin	- 1	9	-	1.3	Y
	REG. NO.					

DECEASED NAME	FIRST		MIDDLE		LAS1		REG. N			1	
(TYPE OR PRINT)	GEOR	25					20. DATE OF DEATH	MONIH	DAY YEAR	2b HOI	
	GEURI		JOHN	Ll	JNZ		August 20	, 1982	2	6:1	.7a M
I. SEX		4 RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY	MONTHS DATE	IF UNDER	R 24 HRS
Male		Wh	ite	4	25	1898	84	YRS	MONTHS DATS	HOURS	MIN.
BIRTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY		Y OF DEATH		
Maryland		11	S.A.	WIDOW		R MARRIED	Baltimore	Count	tv		
O CITY OR TOWN OF	FDEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME			120 USUAL OCCUPAT	ION	12b KIND C	F BUSIN	ESS OR
Rossville			CH FACHITY, GIVE STREET				(TYPE OF WORK FOR MOST				. 7 . 0
JSUAL RESIDENCE (#	NURSING HOME	R OTHER INSTITUTION	lin Square	ADMISSION)	pital		Millwrigh	וד	Conti	nent	al C
30. STATE	13b COL		13c CITY OR TOW			CITY LIMITS?	13e STREET ADDRESS			1	
Maryland FATHER'S NAME	Ba	timore	Dundall	Κ	YES .	NO 😿	1936 Merr	itt B	oulevar	d	
FIRST		MIDDLE	LAST		IS. MOTHE	EIRST	WIDDLE		ŁAS	1	
Adam			Lunz			Mary				ther	
YES, NO OR UNKNOW		RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORM	MANT	ADDR	ES 1936	Merrit	t Bl	vd.
No_			216-10-	9682	Edna	Lunz			imore, M		
18 CAUSE OF D	EATH (Enter o	nly one couse pe	r line for (a), (b), and	rell						MATE INTE	
PART I. DEAT	TH WAS CAUS	ED BY (TE CAUSE (0)	Myocardia	1 Inf	farctio	n					
PART 2 OTHER	immediate stating the lause last.	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	T NOT RELATE	ED TO THE TERM	IN AL DISEASE OR CON	IDITION GI	VEN IN PART 1	1	
_							ry Disease				
190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			20s AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEA	D TH?	
							YES NO	Υ Υ	ES 🗌	NO [	
21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIEY 21d INJURY OCC	CAUSE OF DE			Y YEAR	21c HOW	njury occurr	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)		
21d INJURY OC	CURRED		OF INJURY		211 LOCAT		CITY OR 10	NWN.	COUNTY		TATE
ANUITE M	OT WHILE	(ALHOME SI	REET, FACTORY, OFFICE FA	RM, ETC.)	3186	E	City On IC	,,,,,,	COUNT		IAIE
220 1 certify the	ceosed alive o	Augus  ot) view the body		Augus 32		, 19 <u>82</u> () (our) apinion o	to August death occurred on the d	20 ate and ho		that 🗶 (	
226 SIGNATURE		// view rite body	GREE GEGIN.		DEGREE				22c DATE	SIGNED	
1 K. 4	livere	_//	MM			ATTENDING PHYSICIAN	MEDICAL STA		1 8-2	0-8	>_
22d. PHYSICIAN	S NAME (TYPE	on family			22e ADDRE		J DINECTON CO THIS	- IAIV		0 0	
R.		eaux			9000	Frankl	in Square D	rive	21237		
a BURIAL, CREMATI	ON, REMOVA			AME OF C	EMETERY OF	CREMATORY	23d. LOCATION		COUNTY		LATE
Buri		8/23		ak La	wn Cem	-	Balti		Mar	ylan	d
FUNERAL DIRECTO	RDuda-F	Ruck, In	C . ADDRESS				REC'D. BY REGISTRAR	25b = 5	TRAR'S SIGNAT	12.	114
	Wise A	venue,	Dundalk, I	MD 2	21222	A	UG 2 4 1982	10	and	wen	M
							00 2 1 10 00	4			

DHMH - 16 50M 1/81 (VRA 15, 4)





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	Towns and		- nd -	LIVER P.A.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

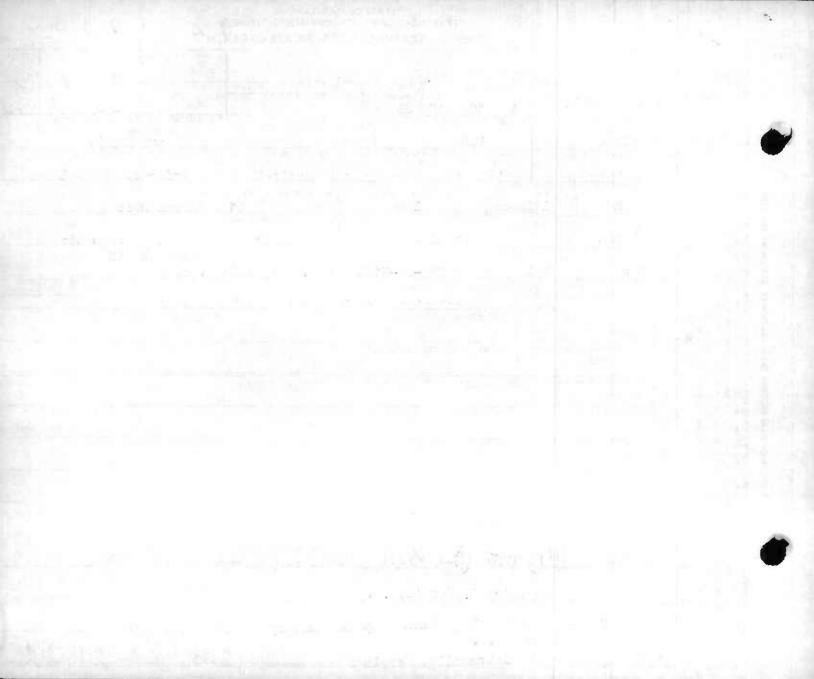
1 -	FOR STATE REGISTRAR				CATE OF DEATH	GIENE 8 2	10.	9 9	3 2	
	CEASED NAME FIRST		MIDDLE	LA.	ST	2a. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR	
	Elain	e R	ice	MACK		August 13	, 1982		4:10a	M
3. SE	(	4. RACE	5	DATE OF		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS	-
	Female	Whit	e	MONTH 2	6 24	58	YRS.	DNIHS DAYS	HOURS MIN.	1.
7a. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	AA A BRIED	□ NEVER MARRIED □	9. BALTIMORE CITY		OF DEATH		
	Virginia	U.S.A		VIDOWED		Baltimo	re Cour	ntv	N	۸D
10 CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS O	R
	Rossville	Fran	klin Squar	e H	ospital	Housewill	e	INDUSTRY A	lome	
13a S	TATE 136 COU		GIVE RESIDENCE BEFORE AD		13d INSIDE CITY LIMITS? YES NO X		North	21221		
I II	FIRST	MIDDLE	Gorschboth		Etta	J. IDDLE		Jones LAS	T	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR	ESS			
	No				Mary Muehlbe	erger 4017	Andley	Ave. 2	21213	
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, OI  (c)  CONDITIONS CO	R AS A CONSEQUENCE COMPLICATION R AS A CONSEQUENCE CONTRIBUTING TO DEACTION FOR WHICH OF	ng T	I WAS PERFORMED	Ageal Fistu  MINAL DISEASE OR CON  200 AUTOPSY?  YESXX NO [	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED	
1 CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RII OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P. 21e PLACE		19	211 LOCATION					
MEC	WHILE O NOT WHILE O		DEET, FACTORY, OFFICE, FARM	LETC)	STREET	CITY OR TO	NWC	COUNTY	STATE	
	220. I certify that To this hosp sow the deceased alive a above, (1) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S DIAME (TYPE	n August ot view the body OR PRINT)		2	22e ADDRESS	MEDICAL STA DIRECTOR PHYSI	FF CIAN	22c DATE 8/13	SIGNED	st
	Aziz Khatib,				9000 Frankl:	in Square D	r. Balt	io., MI	2123	7
- (	Burial, CREMATION, REMOVA SPECIFY  Burial  JINERAL DIRECTOR  S. Zeiler & S.	8-16-	82 GA	en H	aven Mem. Pai g Street AU	23d LOCATION CITY OF TOWN  AR Glen Bus  TERECT. BY REGISTRAF  171982	John A. F.	AR'S SIGNA	Md. STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic

main worder for the second second second autoriale state and a state of the state of refer to the court of the court South College 1/1 . W. 15 . W. 1/2 . 25 . W. 1/2/1 Consider Son Inc. 111 . Continue record this I the per see the see

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR MIDDLE KNOWN DECEASED NAME DATE MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED MAGAL IS CHARLES HOUR SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IE LINDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOLINCED Male White DEAD 2 13 10 69 8-6-82 19 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED XXNEVER MARRIED [ FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore County 2, AND 3 TO THE FUR 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, (20) W IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFET OR INDUSTRY Baltimore County General Hospital B & O Railroad Randallstown Retired 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS Baltimore Md Woodlawn NO 3123 Rhiems Road OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST MIDDLE FIRST Whann Magalis 18. GIVE PAGES WITH FORM F VIT. PAGES 1 AN Camille Marquette 7 INFORMANT same as #13 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (IF YES, GIVE WAR OR DATES) **WW2** Yes 219-01-2133 Mrs. Marybelle Manalis APPROXIMATE INTERVAL ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. OF HEALTH CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICALE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTWORE, MARYLAND, 21201 PRIOR, TO BURIAL, YES K NO [ 71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 7 le PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, FARM, FTC. STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Inspection and in my apinian Hamicide death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Margarita 23g BURIAL, CREMATION, REMOVAL 23b COUNTY STATE 8/10/82 Burial Park Heights Cemetery BP 250. DATE REC'D. BY REGISTRAR 136 24. FUNERAL DIRECTOR Witzke, P. Antess **DHMH - 17** (VR A15 ME (5)) 1630 Edmondson Ave Catonsiille 20M 4/B2

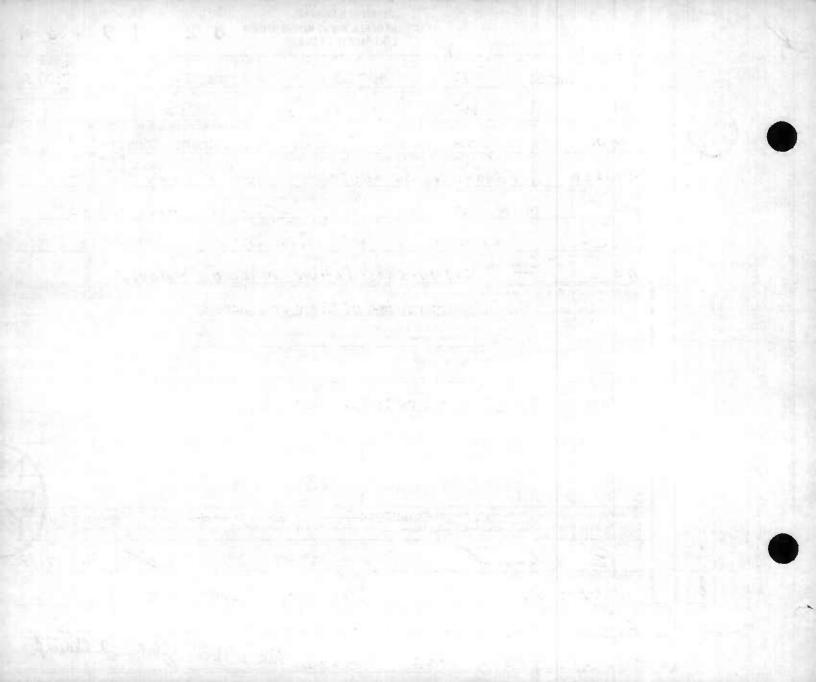


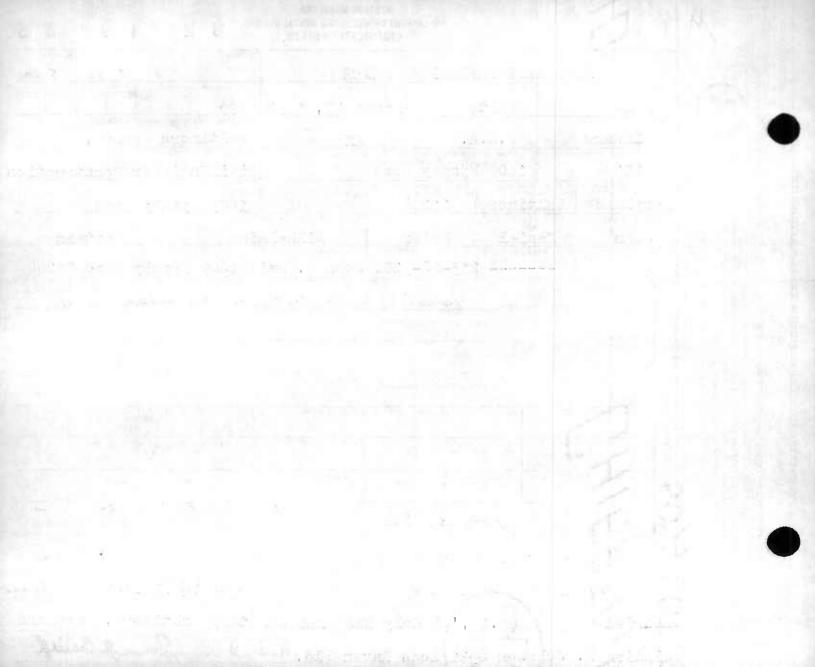
	STATE OF MARYLAND  1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  REGISTRAR									
		CEASED NAME FIRST	MIDDLE		ST .	20 DATE OF DEATH		YEAR 2b I	HOUR	
		Thoma			GIO	August 14			:00 A <sub>M</sub>	
	3 SE	×	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI	2 YRS		NDER 24 HRS	
16		IRTHPLACE ISTATE OR FOREIGN COUNTRY)  D  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT  V S A  11. NAME OF HOSPITAL, NU	WIDOWE		Baltimore city of Baltimore	County		MD	
2	B	DSSVILLE	FRANKLIN	SQ H	OSP.	TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	b. KIND OF BU		
38	130. 3			TOWN	YES NO D		AVLLETTO	= BD		
30	14. FA	JOSEPH	MIDDLE M A GG10		15. MOTHER'S MAIDEN NAM	MIDDLE	CUR	C10		
1		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (1/F YES, GI	IVE WAR OR DATES)	1-5576	JOANN M	AGGIO ADDR	ABOVE			
	NC		DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  Tectrelyte abn	OUENCE OF			IDITION GIVEN IF	N PART I a		
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF D	USED DEATH?	
9	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE					
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	FICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	)WN	OUNTY	STATE	
		above, (1) (w/r) (did) (d/l/ /	August 13 pt) view the body after death.			, taAugust death occurred an the d	ate and hour ond		es stated	
		22b. SIGNATURE	Cazard			MEDICAL STA	FF .	Aug	14,198	
1		E.Bligard M.	C		9000 Frankl	in Square D	rive	21237		
		BURIAL, CREMATION, REMOVAL	, ,	23c NAME OF CE HOLY	REDEEMER	23d. LOCATION CITY OR TOWN BAL	TO.	INTY M S	STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic

AUG 1 8 1982





	ECEASED NAME	FIRST	WIDDLE	_	LAST	20 DATE OF DEATH	MONTH D	AY YEAR
(TYI	PE OR PRINT)	Bernar	rd F. Majka				82	
3 SI	EX Male	4 RA			E OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY	FUNDER : YEAR
			White		3-15 DAY YEAR	66	YRS	
25 70 8	BIRTHPLACE   STATE OR FO	DREIGN 76 CT	ITIZEN OF WHAT COUN	MARI	RIED NEVER MARRIED	9 BALTIMORE CITY		OF DEATH
50	Balto, Ma	**	U.S.A.		WED DIVORCED		timore	(ounty
00	CITY OR TOWN OF DEA		IF NOT IN SUCH FACILITY, GIVE		E OR OTHER INSTITUTION	12d USUAL OCCUPAT	OF WORKING LIFE	126 KIND O INDUSTRY
POSI	UAL RESIDENCE (IF NURSIR	NG HOME OR OTHER	6134 Margle	enn Ave	nue	Retired		(oas
		Balto	13c. CITY OR	NWOTS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	glenn i	AV
14. F	FATHER'S NAME	Dakto	Balto		15 MOTHER'S MAIDEN N		green	n enue
30	FIRST	MIDOLE N	las	ST.	Manu	Ann Mach		LAS
	WAS DECEASED EVER I	IN U.S. ARMED F		SECURITY NO		ADDR	RESS	
	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR	OR DATES)	12_0822	Mrs. (ecille	2 Najka - 61	34 M	ralenn
		(Enter only and	e cause per line for (o), (l	b) and (c)	,	, , , , , ,	<i>y</i> . 1.00	APPROXI
		IMMEDIATE CAL	USE (o) AA	MUMBLL	emerica and	es.		
	1629				2 (	/		
	Canditions, if any,	which	DUE TO, OR AS A CONS	EQUENCE OF	Carcinome	oflune		
	1629	which pediate g the		SEQUENCE OF	Caremone	flung		
NO	Canditions, if any, gave rise to imm cause (a), stoting underlying cause	which dedicate g the last	DUE TO, OR AS A CONS		LANGUMENTS	MINAL DISEASE OR COM	NDITION GIVE	N IN PART 110
TIFICATION	Canditions, if any, gave rise to imm cause (a), stoting underlying cause	which lediate g the last	DUE TO, OR AS A CONS	G TO DEATH B		MINAL DISEASE OR COP	20b. IF YES,	, WERE FINDIN
CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stolling underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT	which dediate g the last.  IFICANT COND  ION 1  ERLYING 2	DUE TO, OR AS A CONS  (b)	G TO DEATH 8	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES
1 /	Canditions, if any, gave rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT.  21a. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)	which lediate g the last.  IF ICANT COND  ION 1  ERLYING 2  AUSE OF DEATH ALEXAMINER)	DUE TO, OR AS A CONS  (b) DUE TO, OR AS A CONS  (c) DITIONS CONTRIBUTING  (7) CONDITION FOR W  (7) TIME OF INJURY  HOUR A.M. MONTH  P.M.	G TO DEATH 8	TION WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT.  21a. ACCIDENT WAS UNOO OR CONTRIBUTING CIFETMER NOTIFY MEDIC.  21d. INJURY OCCURRI	which lediate g the last.  IF ICANT COND  ION 1  ERLYING 2  AUSE OF DEATH AL EXAMINER)  ED 2	DUE TO, OR AS A CONS  (b) DUE TO, OR AS A CONS  (c) DITIONS CONTRIBUTING  (19b CONDITION FOR W  (21b) TIME OF INJURY  HOUR A.M. MONTH	G TO DEATH 8  /HICH OPERAT  H DAY YEA	211. HOW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	, WERE FINDIN YING CAUSES
1 /	Canditions, if any, gave rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. ACCIDENT WAS UNDO OR CONTRIBUTING CIFETHER NOTIFY MEDIC.  21d. INJURY OCCURRI	which dediate go the last COND INTERCOND	DUE TO, OR AS A CONSTITUTION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	G TO DEATH 8  /HICH OPERAT  H DAY YEA  10  OFFICE FARM, ETC.)	211. HOW INJURY OCCU	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJ	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES  TING CAUSES  TING (AUSES)  COUNTY
1 /	Canditions, if any, gave rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT.  21a. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d. IN JURY OCCURRI WHILE NOTIFY MEDIC.  22a.1 certify that (1) ( sow the deceose.)	which sediate g the last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DITIONS CONTRIBUTING  THE CONDITION FOR W  THE PLACE OF INJURY  (AT HOME, STREET, FACTORY, OF	H DAY YEA	211. HOW INJURY OCCU	200 AUTOPSY? YES NO CITY OR IN CITY OR IN	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDIN ING CAUSES (COUNTY)
1 2	Canditions, if any, gave rise ta imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT.  21a. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d. INJURY OCCURRING NOT WHILE NOT WHILE AT WORK  22a. I certify that (I) sow the decession above, (I) (we) (dispense)	which sediate g the last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DITIONS CONTRIBUTING  THE CONDITION FOR W  THE TIME OF INJURY HOUR A.M. MONTH P.M.  THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	H DAY YEA	211. HOW INJURY OCCU 211. LOCATION STREET 3. // 19	200 AUTOPSY? YES NO CITY OR IN CITY OR IN	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES  INT I OR PART 2)  COUNTY  9  and from the
MEDICAL	Canditions, if any, gave rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT.  21a. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d. IN JURY OCCURRI WHILE NOTIFY MEDIC.  22a.1 certify that (1) ( sow the deceose.)	which sediate g the last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DITIONS CONTRIBUTING  THE CONDITION FOR W  THE PLACE OF INJURY  (AT HOME, STREET, FACTORY, OF	H DAY YEA	211. HOW INJURY OCCU	200 AUTOPSY? YES NO CITY OR IN CITY OR IN	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDIN ING CAUSES (COUNTY)
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STATE OF MARYLAND

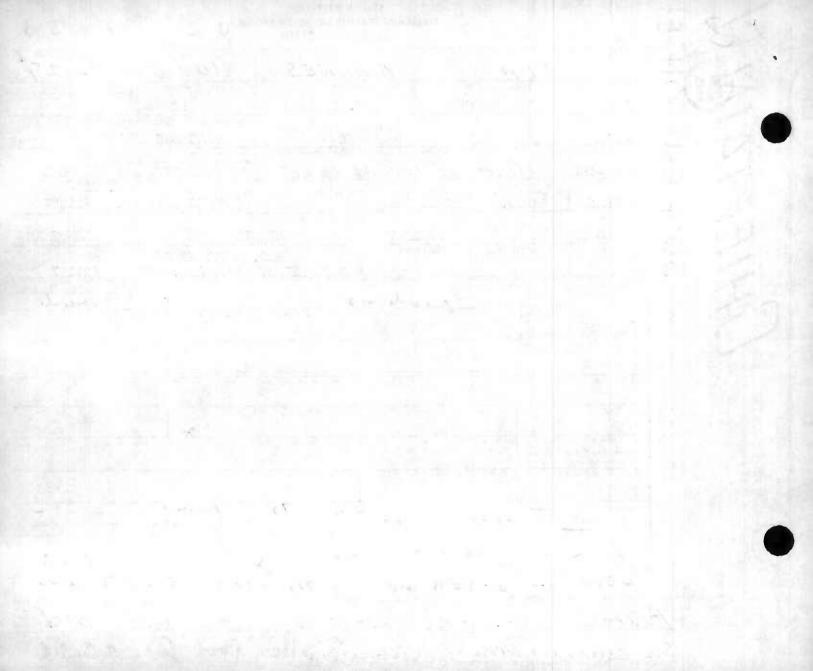
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

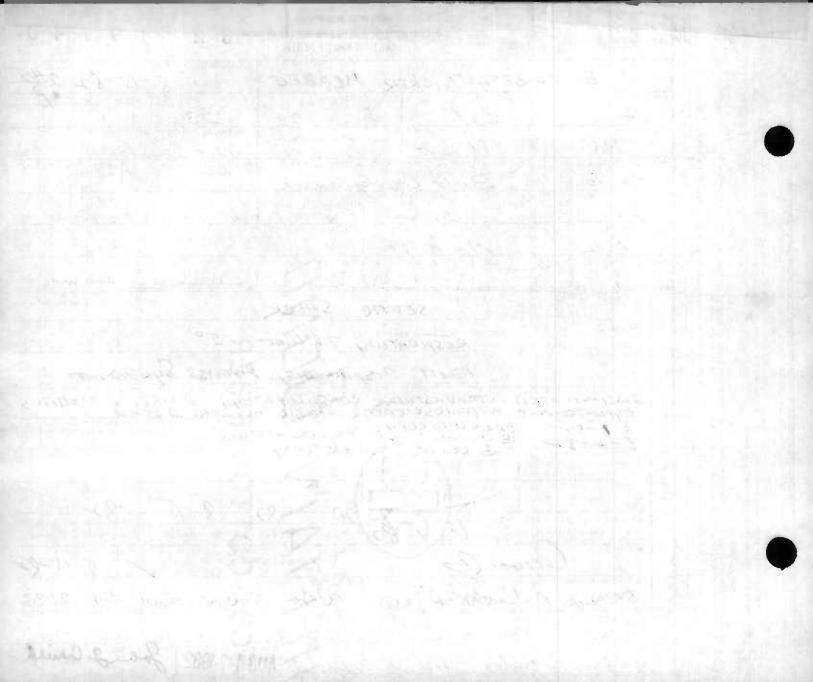


1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page	4O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the furnivershould be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, crematan, or removal.	IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be natified a second	
1	e Dined	Should I	IMPORT	

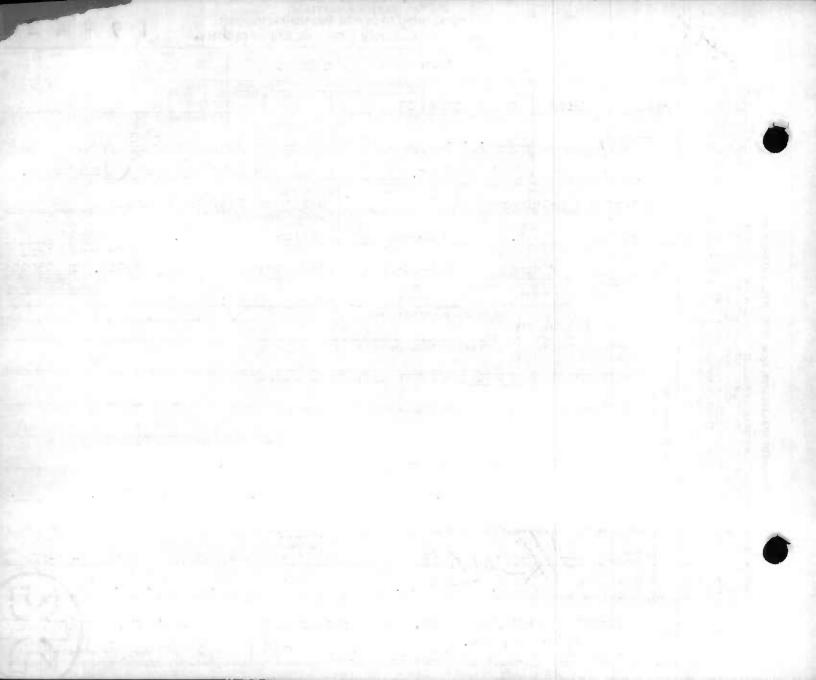
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TABLE OF FIRST STREET STREET, STREET,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) Mc Comas ESTI-Robert JOSEPH DEATH MATED 82 19 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2c. PRONOUNCED DEAD 19 82 7a M Male White 18 1954 27 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore County WIDOWED [ DIVORCED U.S.A. Maryland 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION I CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) OR INDUSTRY Self Employed Seafood C. 4040 Beach Dr. Edgemere SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 130 STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 7846 Gough Street NO X Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE Alice Wolf Joseph McComas 17. INFORMANT ADDRESS 4 Judywood Lane 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Balto. MD 21220 213-62-9702 Alice Gommer Vietnam Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) LD BE USED AS A BURIAL - TRANSIT PERMIT, WENT OF HEALTH AND MENTAL HYGIENE, DITO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound of head WEAPON: Shotgun DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 2:45xx 8-11- 182 Subject was shot 71f LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 4040 Beach Dr., Edgemere. Md. blda. 220 I certify that I taak charge of the remains described above, held an FUNERAL DIRECTOR: ER DEATH, WITH THE Hamicide X death resulted from: Undetermined monner Natural cause TITLE (SPECIFY) DATE SIGNED 8-11-82 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME EXECUTE TO PUR AFIER C Guard Hormez TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 8/14/82 St. Stanislaus Cemetery Baltimore, Maryland Burial BP 24. FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 17 (VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD

20M 4/82

STATE OF MARYLAND

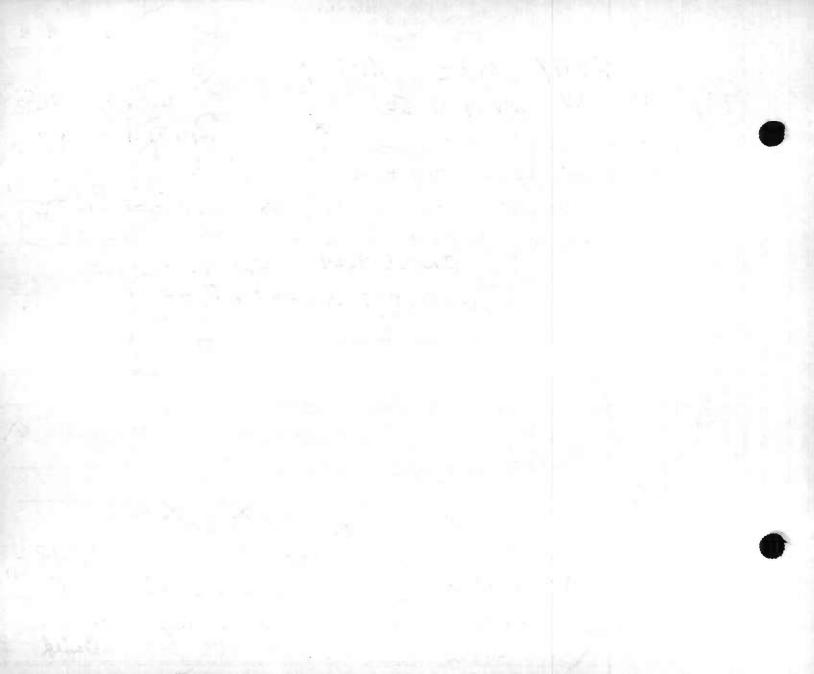


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		3 SEX	P A. RACE	5. DATE OF BIRTH MONTH DAY VEAR 11931	6. AGE (IN YEARS IF UNDER LAST BIRTHDAY) MONTHS MONTHS	III OF BERT	4 HRS. 2c. DATE MIN PRONOUNCE DEAD	Bus G	3 /	ST THOUSE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	R DEATH. IF ANY DELAY IS AGES 1, 2, AND 3 TO THE FU RM PM 3. RETAIN PAGE 1 AND 2 SHOULD BE FILED V OF VITAL RECORDS, 201 W	130. S	TATE 136 COUNT	TO. PAR	OR TOWN 13d	I. INSIDE CITY LIMITS?	13e. STREET ADDRESS	3333 ALT	212	34 RD
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DRE,	DEATH GES 1, A PM AND OF VICTOR		AYMOND C	· ELLRIC	H.SR.		ARIT A	. )46	AMBS	
IIMO	AFTER INE PAGES 1	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 16b. SOC WAR OR DATES)	20 151	INFORMANT		ADDRESS	7	
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ST.,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, SRD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, THIEF MEDICAL EXAMINER ALONG WITH FORM PM. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 20 FHEALTH AND MENTAL HYGIENE, DIVISION OF WIZENE, CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED	y one cause per line far (o), (b)	0 11 1	SOUND	SE H	can	BETWEEL	OXIMATE INTERVAL N ONSET AND DEATH
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8	SHOULD ORD "PEI CHIEF M SE USED A ST OF HEA	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS I	PERFORMED?			20 AUT	OPSY?
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NO	SAN DE LA COMPANIA	MEDICAL	CONTRIBUTING CAUSE OF D		19	Tion.				
N SI	TO MEDICAL EXAMNER: THIS CERTIFICATE SHEXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMEND EN BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD AND AND AND AND AND AND AND AND AND AN	MEC	21d. INJURY OCCURRED WHILE NOT WHILE	218 PLACE OF INJURY STREET, FACTORY, FARM, E			CITY OR TOWN	(	COUNTY	STATE
	THIS WARE PAGE STATE 2120		AT WORK AT WORK	<u>'                                    </u>			<b>A</b>	-/		
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S AARYLAND,		22a. I certify that I took charge	e af the remains described abo	ve, held on Autapsy	. Inspection	Inquiry L	ond in my	apinion	
	AMI STIFF BE CT TITH RYL/		death resulted from Nature	Accident	, Suicide	Homicide	Undetermined monn	er,		
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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

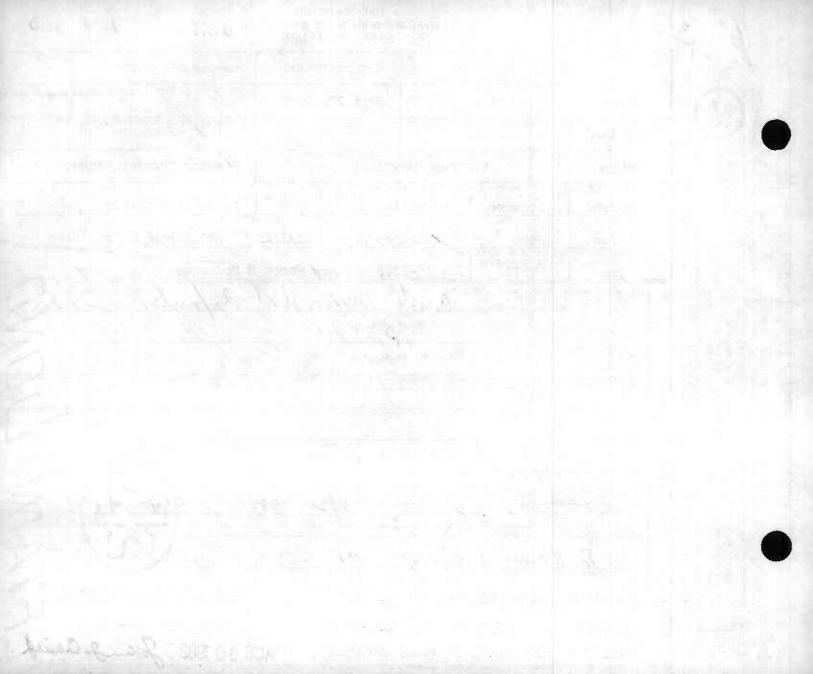
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

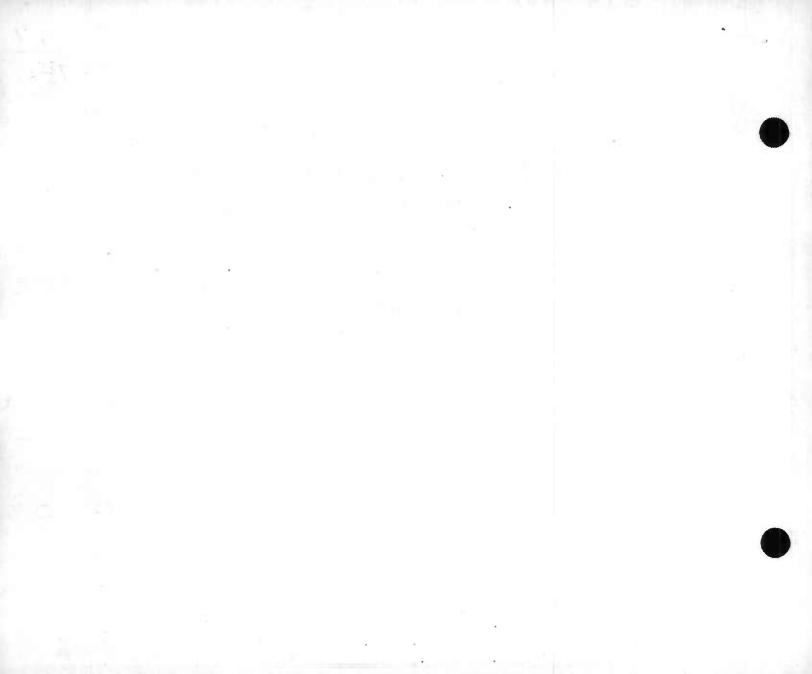
REGISTRAR			CERTITI	CATE OF DEATH	REG. NO	O		
1. DECEASED NAME (TYPE OR PRINT)	Edwin	J MIDDLE		artney Sr	August 26		YEAR	2b HOUR
3 SEX Male	4. RACE Whit	e	S. DATE O	F BIRTH t 22°7 1925	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER		IF UNDER 24 HRS HOURS MIN.
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10 CITY OR TOWN OF DE TOWSON		OF HOSPITAL, NURS		r other institution 1	120 USUAL OCCUPATE			BUSINESS OR
USUAL RESIDENCE (IF NUR 130 STATE Maryland	13b COUNTY  Baltimore	ION, GIVE RESIDENCE BEFO 136 CITY OR TOY Parkvi	WN	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 36 Dowlin	g Circle		
14. FATHER'S NAME FIRST Leo	MIDDLE John	McCar	2	15. MOTHER'S MAIDEN NA/ FIRST Lillian	Elizab		nstr	ong
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) <b>YES</b>	IN U.S. ARMED FORCE (IF YES GIVE WAR OR DATE: WW 11			Mrs Marye	ADDRE  M McCartney		Same	
PART 2. OTHER SIG	e lost. (c)	OR AS A CONSEQUENCE CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM  WAS PERFORMED	INAL DISEASE OR COND	DITION GIVEN IN P	FINDING	GS USED
OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH [ P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	YES NO	YES [		NO 🗌
AT WORK AT WO	HILE DRK	CE OF INJURY ,STREET, FACTORY OFFICE	, FARM, ETC )	211 LOCATION	CITY OR TOV	WN COU	INTY	STATE
sow the decea above, (I) (we)	) (this hospital) attended sed alive an did) (did not) view the bi	12/1 19		d that in (my) (our) opinion o	death occurred on the do		om the co	
22b. SIGNATURE	Manue	Ellm	1	PEGREE  ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F .	8/26	
	rice Feldma				Country Blv	vd Baltin	more	, Md
230 BURIAL, CREMATION (SPECIFY)  Burial		30/82		Redeemer	23d LOCATION CITY OR TOWN  Baltimor	re, Maryla		STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. AUG 3 0 1982



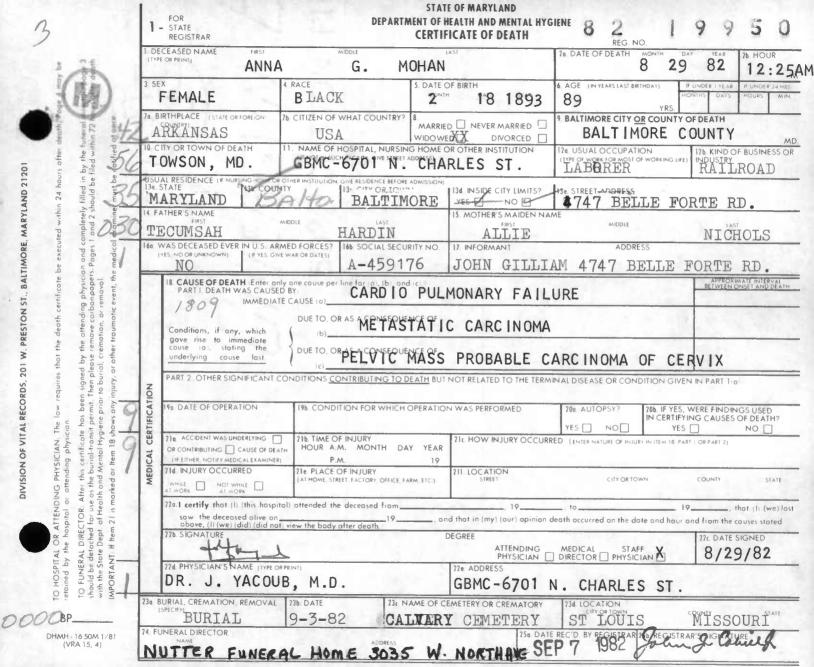
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEPTH 4 REGISTRAR REG NO KNOWN 🖸 DECEASED NAME 20. DATE MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Joseph Michael 4 1982 Danie Meckley 4 RACE IF UNDER 24 HRS 2d HOUR DATE May 31 1982 LAST BIRTHDAY) PRONOUNCED 19:50 Male White DEAD 1982 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN COUNTRY) USA Mid. Towson. DIVORCED WIDOWED [ Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY 21221 Essex 331 Worton Road AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a STATE H3b. COUNTY 13e STREET ADDRESS 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Essex 21221 331 Worton Rd. Maryland NXXX IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Meckley Mary Terrell Samuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES! NONE No Samuel Meckley, Father APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sudden Infant Death Syndrome DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 I CERTIFICATION 19a DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE YES W NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY ZIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC 1 CITY OR TOWN STATE COUNTY X 220 I certify that I took charge of the remains described about hield an Autapsy and in my apinian Inspection death resulted from: Suicide Hamicide Undetermined manner tural causes TITLE (SPECIFY) DATE M.D.Debuty Chiefedical ExaminER 8/15/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D Penn St. Balto. MD. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY STATE Gardens of Faith Cemetery Daltimore Co., Md. 24 FUNERAL DIRECTOR 25%, DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Home PA 1407 Old Eastern Ave Funeral (VR AT5 ME (5)) 20M 4/82

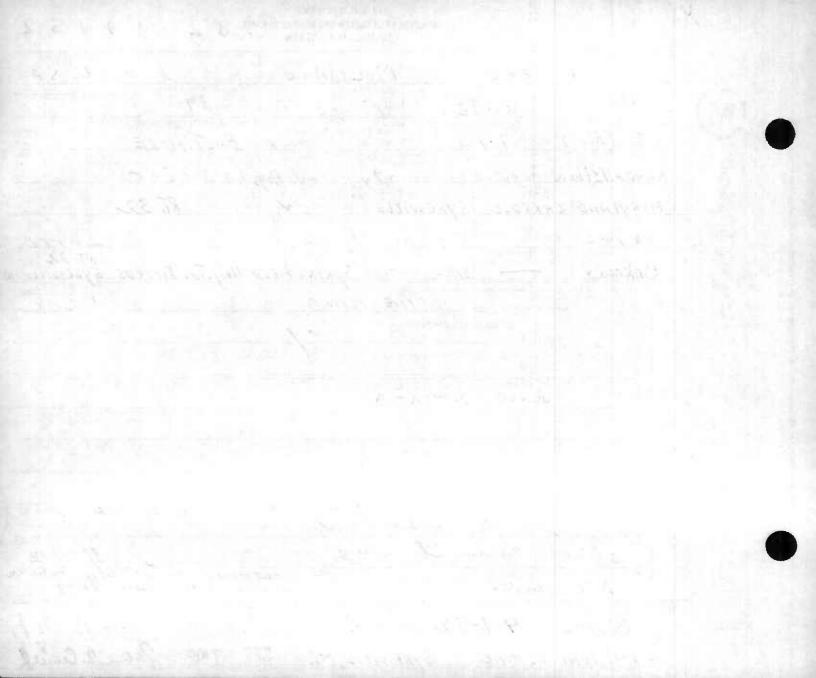
TO WELL SOLLED STORY the articles phaseto state to this is And all the second processes we first from the first from the second transfer of

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1	FOR - STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 2	19	9 5 2
	REGISTRAR		FICATE OF DEATH	REG. N		
	ECEASED NAME FIRST ANTE	MIDDLE	LAST	20. DATE OF DEATH	0 -	ZEAR ZE HOUR
3. 51			OLISANO OF BIRTH	6. AGE (IN YEARS LAST BIR	0	3/1
	Make	WHITE / MON	O. D.III.I.	89	YRS.	DAYS HOURS MI
7a, E	IRTHPLACE (STATE OR FOREIGN 76		ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн
ना	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME     (IF NOT IN BUCH FACILITY, GIVE-STREET ADDRESS)		17a USUAŁ OCCUPATI (TYPE OF WORK FOR MOST C		IND OF BUSINESS O
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113a	STATE 135 COUNTY	Y 13c. CITY OR TOWN	YES NO TO	13e. STREET ADDRESS	PT 32.	
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	ANGELO	Moligano	ROSARIO			2 erri
160		ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	iss .	RT. 32
-	ONKNOWN -	219 - 03 - 15/a. ane cause per line far (a), (b), and (c)	A SPRING MEL	D HOSPILAL	KECORDS S	SYKESUILLI
	PART I. DEATH WAS CAUSED  IMMEDIATE	8Y:	MONIA	TELL S	861	DAY
	4060	DUE TO, OR AS A CONSEQUENCE OF			100	
	Canditions, if any, which gove rise to immediate	(b)				
	cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
7		NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PA	ART Ira
Ę		VILE DEMENTIA				
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY	21f LOCATION			
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TO	WN COUR	NTY STATE
	220.1 certify that (1) (this hospital		8/29 19 82	_, to	30, 19 63	, that H (we) l
	sow the deceased alive and abave, (I (we) (did) (did nat).  72b. SIGNATURE	view the bady after death	and that in (py) (aur) apinian d	leath occurred an the do		
	Much	Kermon Chopu,	DEGREE MATENDING	MEDICAL STAI	FF _ /	S730180
1	27d. PHYSICIAN'S NAME (TYPE OR P				DUNTY GE	N. HOSPI
	A.K. CHO	PRA	RAN	DALLS TOWN	MD:	21133
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
24. F	BURIAL UNERAL DIRECTOR	4-1-82 JOHIN	stield 1250 DATE	REC D' BY REGISEPUND	256 REGISTRAR'S SI	CNATURE M
	AIGHT FUNFRAL	HOME SVKKEN	LIE MD SI		S. C.	Q C.
-	JIII IVINIC	JKESE!	LED IN	1 1302	form	- well



	FOR	DEPAR		E OF MARYLAND EALTH AND MENTAL HY	CIENE	
1	- STATE REGISTRAR	DEFAR		ICATE OF DEATH	GIENE 8 2	1995
	1. DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Major	Stafford	Mo	rgan	8	1 82
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
. 9.	Male	Black	MONTH 7	11 33 YEAR	49 YRS	MONTHS DATS HOURS MIN
edit,	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Va.	USA	WIDOWE		Baltimore €	ity-Co "
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS O
1	Chase	(IF NOT IN SUCH FACILITY, GIVE STRE	cle		(14he of Mork For Worl Of Morking	GUFE) INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME 130. STATE Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
1	Ma.	A 140 130 Chase		YES NOXIX	84 Ambo Circ	cle
1	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME	
0	Nelson		an Sr	Fannie	MIDDLE	Daniel
,	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SEG		17 INFORMANT	ADDRESS	
	Yes	230-42	-6091	Lorraine	Morgan 84 Amb	oo Cir.
Ħ	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), (SED BY.	and (c .)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	IATE CAUSE (a) Cardio-re	espirat	ory arrest		
	1509	DUE TO, OR AS A CONSEO	UENCE OF	anhanal		
	Conditions, if any, which	( b) Metastat	ic axak	sopnagear <b>XXXXX</b> carcin	oma .	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ				
	underlying cause last.	(c)	OLIVEE OF			
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	GIVEN IN PART 11a
	<u>N</u>					

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

19a DATE OF OPERATION

abave, (1) (we) (did) (did not) view the bady after death

21d. INJURY OCCURRED

saw the deceased alive an.

NOT WHILE

22a I certify that (I) (this haspital) attended the deceased fram

21b. TIME OF INJURY

HOUR A.M.

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) 211 LOCATION

22e. ADDRESS

ATTENDING

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

CITY OR TOWN

MEDICAL

200 AUTOPSY?

NO

STAFF PHYSICIAN

Crownville

YES | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

22c. DATE SIGNED

BURIAL

230. BURIAL, CREMATION, REMOVAL

8-5-82

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

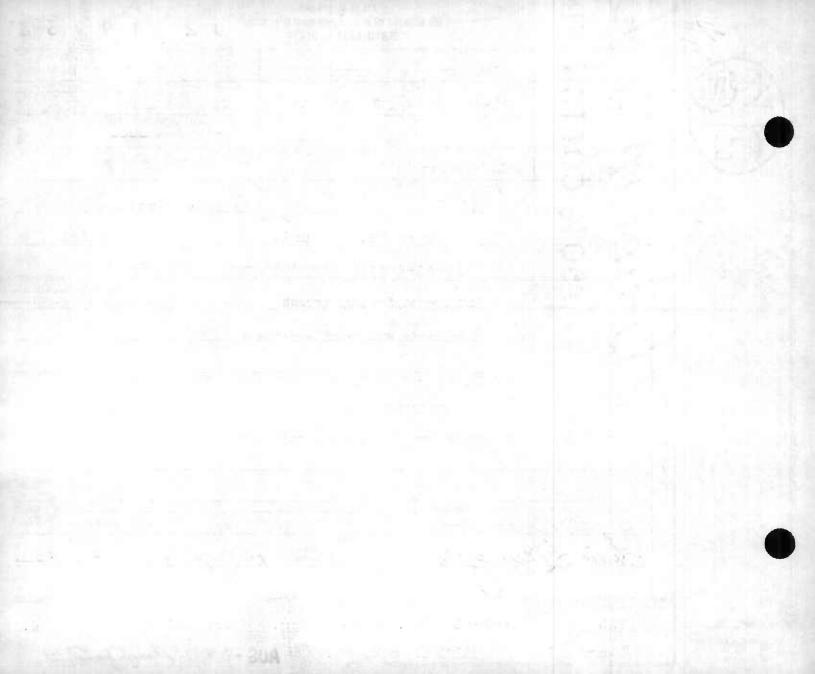
CIDUATO

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

Wm C March F/H

1101 E. North Ave.

23d. LOCATION CITY OR TOWN



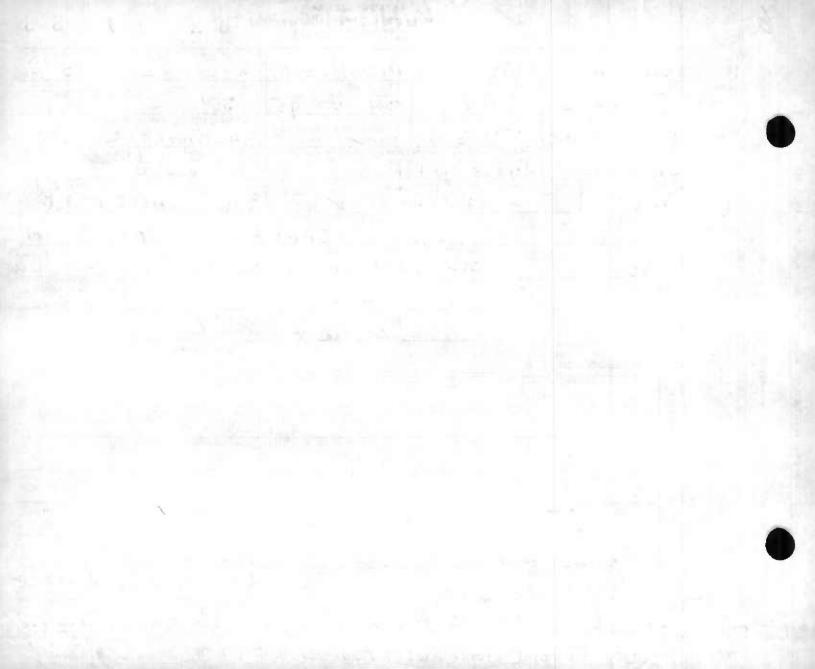
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DHMH - 16 50M 1/81 (VRA 15, 4)

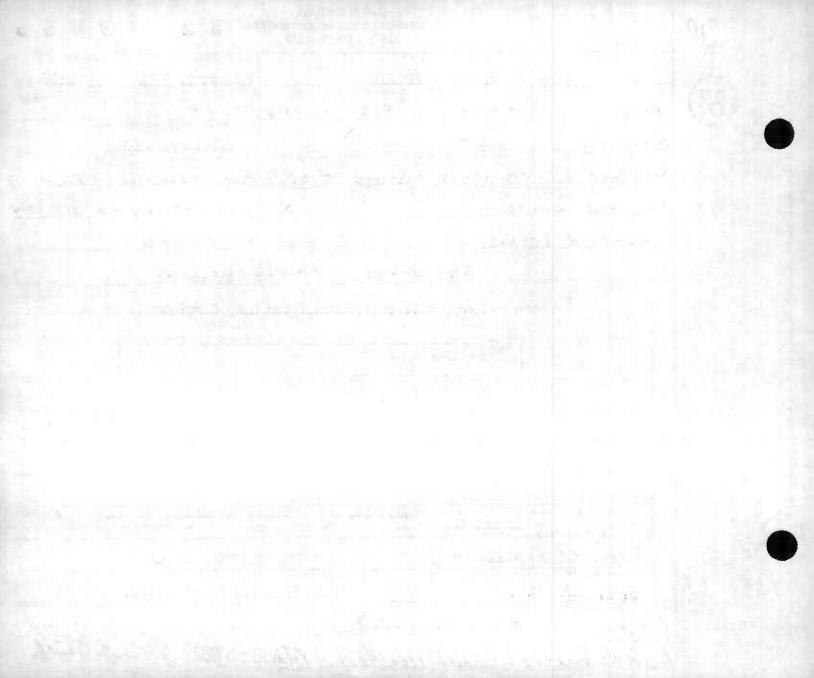
150	1.	FOR FOR REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYOFICATE OF DEATH	REG. N		9 9 5	5 4
0	1. DE	CEASED NAME SUS	an Susi	TIMA ALM	A Mo	rgan nore an	August 26	, 1982	YEAR 2b	HOUR
	3. SE	× Female	4 RACE White			be 18, 1909 ar	6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
35	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.A		WIDOW		9 BALTIMORE CITY O	_		MD.
20	(	Catonsville	(IF NOT IN SUC	Charing	ADDRESS)	or other institution seroad	12a. USUAL OCCUPAT LIVE OF WORK FOR MOST P Retired (III	ON SEXYPRKING LIFE)	126 KIND OF BU	
35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Bryband Balti	VITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW	E ADMISSION) /N	13d INSIDE CITY LIMITS? YES NO	790 Charir	g Cross	Road	
30	14 FA	te John J Morg	MIDDLE an	LAST		15. MOTHER'S MAIDEN NA	me ret J McKen	ina	ŁAST	
1		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES?	213 16		17 INFORMANT Mary G Martin	ndale 206 B		TRail I	21044 Belair
	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  CONDITIONS CC	R AS A CONSEQUI HYPER 7 R AS A CONSEQUI	ENCE OF	IVE - ART. C	<b>√</b> 5	DITION GIVEN	APPROXIMATI BETWEEN ONSE  INSTAN  9 Year	
2	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME O			N WAS PERFORMED	20a AUTOPSY?  YES NO NETTER NATURE OF INJUR	IN CERTIFYIN	_	USED DEATH?
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (3) (did no 22b. SIGNATURE	tol) aftended the	e deceased from19 ofter death.	1/20	DEGREE  ATTENDING PHYSICIAN		FF		
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	FFE N	7.5.	SSOI FOR	EST PAR	K AU	=	
	23o. E	BURIAL, CREMATION, REMOVAL SPECIFY) <b>Burial</b>	Aug 30,	1982 23c.1		EMETERY OR CREMATORY ine Park	23d. LOCATION CITY OR TOWN	Balti	more Ma	ryland
	24 FL <b>Ha</b> :	INERAL DIRECTOR CTYAMHWITZKE 4112	2 Colum	nbia RdssE	llico	** (14 ***	ERECD. BY REGISTRAR			

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NUMBER VERY BEST	SEEL OF 60/	for alon Park a milest City		Durini Larry Heltsine

V	1				STATE OF MARYLAND		
a		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 9 5 5
			EASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	m.g	TYPE	OR PRINT!	m	MORHISER	8-7-X2	5 Am
10	100		mmA	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 /		3. SEX	FEMALE	CAU.	MONTH DAY YEAR 5	8 7 YRS.	MONTHS DAYS HOURS MIN
-	温温の	N BII	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	OF DEATH
	20	BI	ALTIMORE-MD	.S.V.	WIDOWED DIVORCED DIVORCED ON HOME OR OTHER INSTITUTION	BALTIMORE 120 USUAL OCCUPATION	COUNTY MD.
a special	dimite 40		ATONSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
24 hou	26			ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	TE ADMISSION)	13e STREET ADDRESS	APT +1
9	11/11/	r	nD'	BALTIN	nult YES IN NO []	226 STONE	CKOF I-KU
3	16 120	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	4 IOO1 6	PAST .
3 3	Top got	1	Describe la	Tay	SARA	H Moore	nckeldin
# D	55000	16a. V	AS DECEASED EVER IN U.S. AR		200	ADDRESS	RATO
IMOR t pe ex	Pages P	- 17	AS DECEASED EVER IN U.S. ARES, NO OR WINKHOWN!	E WAR OR DATES! 216-41		Ka-P. O Box	
ALT loss	N P P P		IS CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), a	nd (cs.)		BETWEEN ONSET AND DEATH
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<u>0</u>	Day on the			DUE TO, OR AS A CONSEOL		ander dusies.	1 cm +
<b>3</b> §	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Conditions, if ony, which gove rise to immediate	(b) antoni	esellante out	(4.00.03	170
E 2	4889		cause (a), stoting the	DUE TO, OR AS A CONSEOL	ENCE OF	A E GO CC	
5 2	4, 8 d.y		underlying cause last.	( (c)			
DS, 20	n signe hen plu to hor ny injur	NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GI	VEN IN PART 1(0)
0 3	B10 5	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
# E	21324	¥					FYING CAUSES OF DEATH?
Z Ne	1000	OK .	- concentrate of the contrate	7 216. TIME OF INJURY	Tal. How Industry Occurs	YES NO Y	
N SS	### #C	10.7	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
o ky	5 T T T	Ž,	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
9 4 E	H W C	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
NS NS	1 1 1 1 1	ž	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITORIONI	37412
6 00	A SE E		AT WORK		aug 10 7 9	1 . Orach	19 82 that (1) (me) lost
11 8	0.35 K		saw the deceased alive or	attended the deceosed from,		death accurred on the date and ho	, 1,, mat (i) (==)
4.0	300 8		above, (1) (wa) (did) (did no	ot) view the body ofter death.		death accorded on the date and no	
2 2	Part I		226. SIGNATURE	0 0	DEGREE		224. DATE SIGNED
44	A E E		Adding 1	hereal ?.	ATTENDING PHYSICIAN	MEDICAL STAFF	10-7-82
2.3	State State		THE PHISICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	:1 =2 11 55	- 10-1
D HOS	TO FUNERAL hould be deta with the State IMPORTANT		JOHN AN.	ESBITT JR	1009 Frede	sep Pl, Bolle	vieled 21225
ho 13		230 E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
10 7 BP		1	BURIAL	18-10-82 E	SALTIMORE VATION	12 - 1	
1		24 Ft	JNERAL DIRECTOR		25e. DA	TE REC'D. BY REGISTRAR 251. REGIS	TRAR'S SIGNATURE
	MH-16 25M A 15, 4) 1/79	E	Taples Funt	eral Home- 6	601 Frederikfly A	HG 1 2 1982 4	Canalla
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. 2)		FOR			TE OF MARYLAND	oleke (3 (3		0	244	,
10		- STATE REGISTRAR			HEALTH AND MENTAL HYD FICATE OF DEATH	REG. N	10.	9	7 5	0
	1 DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	_
~		Oliver	Μ.	MORRIS		August 1,	1982		2:15 a	Μ
18	3 SE	Х	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HR	- Contractions
1)		ALE	WHITE	AU	III DAI IENN	66	YRS	INTHS DATS	HOURS MIN	J.
801	В	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? B	ED NEVER MARRIED	9 BALTIMORE CITY		F DEATH		
20	M	ARYLAND	USA	WIDOV	ED DIVORCED	Baltimo	re Coun	tv		AD.
E. P.	10 C	ITY OR TOWN OF DEATH	LIE NOT IN THEM EACHE	V CIVE CIRCLE ADDRESS	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS C	_
11		SEDALE	FRANKLII	V SQUA	RE HUSP.	BOARD OF E			307 COUN	T
20	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS				7
10		ARYLAND BA	LTO.		YES NO	1000 FRA	NKLIN	AVE ,	APT. 12.	14
21	14 F.	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAS		-
20		JOHN R. MC	RRAS		ELSIE	N). SHOW	RES	LAS	,r	
			MED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS			
			316	- 03-425	3 FAMIL	Y RECOR.	BS			
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for	(a), (b), and (c) [	,	/		BETWEEN	MATE INTERVAL ONSET AND DEATH	=
2		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Cell Und	ifferentiated	Lung Carci	oma			
afic		1629	•	CONSEQUENCE OF						
		Conditions, if any, which	(b)							
		gove rise to immediate couse (a), stating the	DUF TO OR AS A	CONSEQUENCE OF						
		underlying couse lost	(c)							
	_	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	5	=
	CERTIFICATION									
5	CA	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED	-
76	RTIF					YES NO NO	YES		NO [	
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I 1 OR PART 2)		
9	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	JRY ORY OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OF IC	WN	COUNTY	STATE	-
	-	AT WORK NOT WHILE AT WORK								
		22a L certify that X (this haspit	tal) attended the decea		14, 19.82	no August			that X (we) la	51
		sow the deceased alive an above, Vi (we) (did) (Nd N	August 1	19_82	nd that in ( (our) opinion	death occurred on the d	ote and hour o	nd from the	couses stated	
		22h. SIGNTATURE	1		DEGREE			220 DATE	SIGNED	
		Monald Z	· Kum m	· D.	ATTENDING PHYSICIAN	MEDICAL STA	IADA			
1		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				(V 1 1	_
		D. E. Kerr, M	I.D.		9000 Frank	klin Square	Drive,	2123	37	
1	23a. 6	SURIAL, CREMATION, REMOVAL	23b. DATE	231. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				=
	B	URIAL	AUG 4 8	32 PARK	NOOD	BALTIMO	. 0	OUNTY	MAD	
31		INERAL DIRECTOR	. 4/	desire	// 250 DAT	E REC'D. BY REGISTRAR	25 REGISTRA		URE .	_
	1-	1/4 W/S F1.110.	A ( C ) . D.	7 0 Ch - 1	Carland RAL	IG-51982	john	Je 10	muy	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

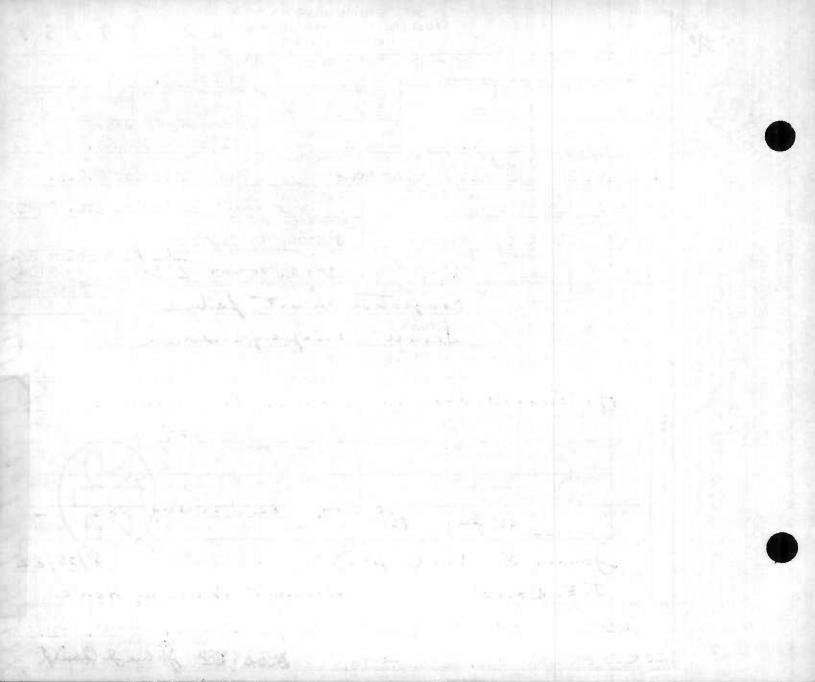
		REGISTRAR				CERTI	ICAIL OI DEA		F	EG. NO.			
		CEASED NAME	Georg	e	Edward	l	Muench		20. DATE OF DE	ATH MONTH	DAY YEAR	26. HOL	UR
	,,,,,,	Muerc	h6	CEVOT	- <del>-</del> -				August	25, 1	1982		М
1	1.5E)	Χ	1	4 RACE (		S. DATE C		WE AR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS	R 24 HRS
	Ma	ale		White	9	1	/ 10 /	96	86	YRS		HOURS	MIN.
1	a. BII	RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8 AA A DDIE	D NEVER MAR	DIED	9. BALTIMORE	ITY OR COUN	TY OF DEATH		
5		aryland		U.	S.A.	WIDOWE			Baltin	nore Co	ounty,		MD.
	TO CI	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITU	TION	12a USUAL OCC		12b. KIND (		ESSOR
C	Ca	atonsvi	lle	Summi	t Nurs	ing H	ome		Bus Di	river	for M.I	.A.	
1	USU 4	AL RESIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEFOR		13d INSIDE CITY	LIMITS?	13. STREET ADD	RESS			
2	Man	ryland		timore	ist. Cit i ok to	***		IK] C	4402 I	reder	ick Ave	. 2	1229
2		ATHER'S NAME		MIDOLE	1 4 5 7		15. MOTHER'S M.			DDIE	LA		
(	Ge	eorge	Willi	Lam	Muench		Unkno	wn t	o Recoi	rds	LA	31	
		VAS DECEASED E			166 SOCIAL SEC	URITY NO.	17 INFORMANT				High Po		
Н	9	YES, NO OR UNKNOWN Yes	W	WAR OR DATES)	213-10-	-0904	Edith	M. H	ansen	Ellico	ott Cit	y 2	1043
		18 CAUSE OF D	EATH (Enter of	nly one couse pe	line for (o), (b), o	nd (c+)	_ 0		1 .		APPRO) BETWEEN	KIMATE INTE	RVAL
۹		PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (0)	Cong	ester	& he	art	Lail	uc.			
٦		495	MINIEDIA		A	F. 10F 05		,		177			
		Conditions, if	one which	DUE TO, C	R AS A CONSEOL	JENCE OF	em	inter	1 Street	aL -			
		gove rise to	immediate	(b)_	7		-						
		underlying o	toting the ouse lost.	DUE TO, C	r as a conseol	JENCE OF							
Н		BART 2 OTHER	CICALIEICANIT	(c)	ONITRIPLITING TO	DEATH BUT	NOT_RELATED TO	THE TERM	INIAI DICEACE OF	COMPITION	CIVEN IN PART I		
	Z	A	tenin	1	alex	E A a	1.	raes	1	1 .	ead,	0.	
den	CERTIFICATION	190 DATE OF OP			ITION FOR WHICH	1 OPERATIO	N WAS PERFORM		20a AUTOPS	? 20b. IF Y	YES, WERE FINDI	NGS USE	D
1	IFIC								YES TI NO		TIFYING CAUSES	S OF DEA	
2	ERT	21a. ACCIDENT WA	S UNDERLYING				21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE			110	
1		OR CONTRIBUTING		NIII	M. MONTH								
	EDICAL	21d. INJURY OC	MEDICAL EXAMINE		M. OF INJURY	19	211 LOCATION						
	ME		OT WHILE		REET, FACTORY, OFFICE,	FARM, ETC )	STREET		CI	TY OR TOWN	COUNTY		STATE
				tal) attended th	e deceosed from	10	CLUCA	10 82	25	Chung	10.83	thot (1) (	(nee) loca
		sow the de	ceosed alive or	25 0	اللح او	82 0	nd that in (my) (ee	r) opinion o	deoth occurred or	the date and h	our and from the	couses st	toted
		above, (I) (** 22b. SIGNATURE		t) view the body	ofter deoth.		DEGREE					SIGNED	
		110. 51011		7	P	1	-ATTE	NDING _	MEDICAL _	STAFF	5	1951	ten
_	-	22d. PHYSICIAN	S NAME ITURE	C.	10-5500	101	22e. ADDRESS	SICIAN L	DIRECTOR	PHYSICIAN [	9/	20/	0 2
		ZZII. PHYSICIAIN		OWE	,		The ADDRESS		+ 11/		11	4.0	
		7					- FEC	phobbish	1 1 1 2	useu	4 How	CE	
	23a. B	SURIAL, CREMATE	ON, REMOVAL		1-		EMETERY OR CRE	2772	23d LOCATIO	NWC	COUNTY		STATE
	24.5	Burial		8/28	/82   C:	restl	awn Gar	dens			oward.	MD	
		UNERAL DIRECTO			AODRESS			25a. DATE	A 7 4000	SIRAR 256 REG	ISTRAR'S SIGNA	TURE	1
	Ma	cNabb I	'unera	l Home	Cator	svil	Le MD		A HOC	Mo a	mode la	any	

Funeral Home.

DHMH - 16 50M 1/B1 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be till with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the medical



otho

MEDICAL

STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARTA		ICATE OF DEATH	0 2	G. NO.	9 9	5	ध		
1. DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEAT	TH MONTH D	AY YEAR	2b HOU	IR		
	eph	F	Robert	Mu.	lholland		August :	31, 198	82 5:	25P		
3 SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LA		FUNDER I YEAR	IF UNDER	24 HRS		
Male		White		Aug	ust 17,1889	93	YRS	ONTHS BATS	HOURS	MIN,		
7a. BIRTHPLACE (STATE OF COUNTRY) Michigan	Michigan		WHAT COUNTRY?	MARRIE WIDOWE		9 BALTIMORE CI Balti	TY <u>OR</u> COUNTY O			MD.		
(1F N		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	rsing Home	12a USUAL OCCU (TYPE OF WORK FOR M School		12b. KIND OF BUSINESS OR INDUSTRY West Va. Scho				
NOSUAL RESIDENCE (IF NUR 130. STATE Maryland		DROTHER INSTITUTION INTY .timore	13c. CITY OR TOW Luther	TY OR TOWN .  TY OR TOWN .  THE CONTROL OF THE CONT			13e. SIREEI ADDRESS 18E Seminary Ave.					
14 FATHER'S NAME FIRST Robert		WIDDIE	ulholîlan	đ	15. MOTHER'S MAIDEN NA Margaret	ME	DIE	Gres	Ś			
160 WAS DECEASED EVER		RMED FORCES?	23 <b>6</b> =50-49		Barlow & B		neral Ho	me, Ch	arles	ston		
18 CAUSE OF DEAT PART I. DEATH V	WAS CAUS	ED BY: ATE CAUSE (a)	line for (a), (b), one  COX LYM  R AS A CONSEQUE	SIN	cular aca	ident	dile	BETWEEN	MATE INTER	VAL DEATH		

WANTOSCHOW MINOWIND WIN Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NOT WHILE

FOR

P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211. LOCATION STREET

ATTENDING

PHYSICIAN

CITY OR TOWN

COUNTY STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased alive an abave, (I) (we) (did) (did not) view

Marcio M. Menendez M.D.

23b. DATE

220 1 certify that (1) (this hospital) attended the deceased from

22e. ADDRESS

DEGREE

5820 York Road, Baltimore, Maryland 21212 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

MAKKAN Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

Sunset Memorial Park

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

COUNTY

22c. DATE SIGNED

Charleston, West Virginia 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

MPORTANT

DHMH - 16 50M 1/81 (VRA 15, 4)

3. T.

1 73/		(DEPENA)	Robert	William	n Ml	JLLEN Sr.	August	2. 1982	
s after s	1 SE	x Male	4 RACE White	9	June	DF BIRTH  17, 1922 AR	6 AGE (IN YEARS LAST BIR		INDER I YEA
(MA)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O Baltimo		
37		Rossville		HOSPITAL, NURSIN		or other institution spital	120 USUAL OCCUPATION SELT - emplo		126. KIND
filled in outs to a	13a S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR LOW		13d. INSIDE CITY LIMITS? YES NO X	13. SHEET MODESS	e Circl	e (2
and 2	M	ather's NAME FIRST ASON T. Mullen	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST R. CL	allen		
s. Pages e medicol	(1		RMED FORCES? VE WAR OR DATES)	215-12-L		Betty I. Mul	ADDRESS Mullen (same as 13e)		
d by the attending phiese remove carbon parial, cremation, arremanor or other traumatic even		18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY.  Myocardial infarction  DUE TO, OR AS A CONSEQUENCE OF Hypoxemia  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive pulmonary disease							
hos been signer i permit. Then plen ene prior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINE
ng physicing certificate priol-transition lends laying litem 18 sh	MEDICAL CER	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2
	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET FACTORY, OFFICE, F		2H LOCATION STREET	CITY OR TO	wn	COUNTY
OR ATTENDING e hospital or ott DIRECTOR: After oched for use as it obept. of Health on Dept. of Health or I's marke		224 I certify that (V (this hasp saw the deceased olive ar above, (V (we) (did) (did as				IST 1 19 82 and that in (My) (our) opinion of		ate and hour or	82 nd Irom ti
by the h IERAL DIR se detoche State Dep ANT: If the		22d. PHYSICIANUS NAME (1YPE O	-			ATTENDING PHYSICIAN	MEDICAL STAI	IANDO	8/
should b with the		R. Devere	aux			9000 Frank	lin Square	Dr.,	2123
SP		BURIAL, CREMATION, REMOVAL	236. DATE 8/6/8			Hill Cemetery	Baltime	ore	OUNTY

MIDDLE

Item #6 Film G570 8/10/82 rc

FOR 1 - STATE

(TYPE DE PRINT)

DHMH 16 50M 1/81

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

126. KIND OF BUSINESS OR INDUSTRY CATPENTY cle (21221) LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART Ica S, WERE FINDINGS USED IFYING CAUSES OF DEATH? res 🗍 NO [ PART 1 OR PART 2) COUNTY STATE our and from the causes stated 22c. DATE SIGNED 21237 Md STATE COUNTY Balto., Md. 21225 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR AUG 0 6 1982 George J. Gonce F.H. 4001 Ritchie Hgwy.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

3:00 PM

20 DATE OF DEATH MONTH

www.wagameric.beyelona-fillo a ferrana and allicate a willow more lagin live Tanting of reason dallin of the (est an area) to Clark . I world \_ Dale-31-31-31 The state of the s carbonpapers. Pages 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be firewith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be in

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ł	H.	REGISTRAR			CEKIII	ICATE OF DEATH	REG	NO.		Front .	100	
1		CEASED NAME FIRST	-0.5	MIDDLE		AST	20 DATE OF DEATH		DAY	YE AR	2h HOU	R p
I	(1111	Sister Mary	Denis	Neary				08	20	82	8.	SE W
1	3. SE	Female Caucasi  SIRTHPLACE (STATE OR FOREIGN 7.16 CITIZEN OF WH			5. DATE OF BIRTH		6. AGE (IN YEARS LAST			DER I YEAR	IF UNDER	
				gian	03	09 1896	5	86 YR		IS DAYS	HOURS	URS MIN
1				WHAT COUNTRY?	8	75	BALTIMORE CIT	4				
1	Ireland U.S.A.			WIDOWE	D LI THE TEN THANKIED		Baltimore, County MD.					
7	1B.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		G HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION 126. KIND OF BUSINES			SSOR		
ı	Halethorpe St. Joseph R					nce	Catholic Sister Religions					
d	USUAL RESIDENCE (IF NURSING HOLL OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE)				ADMISSION)		1					
)	130. 3	Pennsylvania	Phila.	Philad		13d. INSIDE CITY LIMITS?	8550 Verr					
	14 FA	THER'S NAME	11		GTUIT	15 MOTHER'S MAIDEN	0 10 1011	ee_no				
		Patrick	MIDDLE	LAST		FIRST	WIDDI		740	LAS		
7	16n V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	Neary	RITY NO	Mary 17 INFORMANT	ADI	ORESS	MC	Nic	holas	3
		(IF YES, GI	VE WAR OR DATES]				1200 35	-				
		No.				Sr. Joan Ma	rie 1100 Ma	ple A	ve.	Md.	21227	
		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART I, DEATH WAS CAUSED BY:										DEATH
١		2959 IMMEDIATE CAUSE (0) CONCESTIVE HEART FAILURE										
ı		DUE TO OR AS A CONSEQUENCE OF										
ı		Conditions, if only, which (b) HVEMIA, HYPOAL SUMINEMIA.										
١	VI.	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
ı		underlying couse last.										
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101										
ı	O	? HEPATITIC Ex. HIP										
1	AT	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				VGS USED	
	CERTIFICATION	7.21 82	T	X. LE	FT	HIP.	YES TI NOP		YES [	CAUSES	OF DEAT	
i	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCC	URRED (ENTER NATURE OF I	JURY IN ITEM	1B, PART 1 C	PART 2)		
		OR CONTRIBUTING CAUSE OF DI	AID .	.M. MONTH DA	YEAR							
	MEDICAL	21d INJURY OCCURRED		OF INJURY	17	21f. LOCATION	-		_			
1	ME	WHILE NOT WHILE T	AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.}	STREET	CITY OR	IOWN	CO	YINUC	ST	ATE
1			oital) attanded t		FI	ER 10 8	7 . 5 .	) 1.	108	7-	1	
1		220.1 certify that ((1) this hospital) attended the deceased from 19 , and that in (my) (aur) opinion death occurred on the dote and hour and from the couses stated										
١		abave (1) well (did) (did not view the bady after death.  22b. SIGNATORE  22c. DATE SIGNED										
1		8 111			1	ATTENDING MEDICAL STAFF 2.7. (7)						
-		Itaan L. Walk				PHYSICIAN DIRECTOR PHYSICIAN DO 30'8					-	
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)				27e ADDRESS						
		Aiden Walsh				333 St. Paul St. Baltimore, Md. 21202						
	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATOR	23d. LOCATION		COUN	TY	STA	ATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR 4001 Ritchie Hwy Gonce F.H. Geo.

Burial

Conshohocken

STEEL TO LEAD TO THE STEEL STE The state of the s

X I	FOR STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY	YGIENE 8 2	19961
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
O F 5	ECEASED NAME FIRST MINNIE	MIDDLE	NE LSON	20 DATE OF DEATH	8 20 1982 6:15 PM
3. SE	× male	RACE :	DATE OF BIRTH  MONTH  DAY  YEAR  1882	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
do sithing	TITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	DRESS)	12a USUAL OCCUPATIO	ON 126 KIND OF BUSINESS OR
hours ofth	CATONSVILLE	LITTLE SISTERS (	DE THE POOR	Housewit	Re
TLAND 2 hin 24 h	AR ILAND BALT ATHERS NAME	IMERE CHTONSUIL	13d INSIDE CITY LIMITS? YES NO X		
Completely I and 2 s		LEY HOFFMA	N ANNIE	SCOTI	HOFPMAN
MORE,	(YES, NO OR UNKNOWN) (IF YES, GIVE W		TYNO. 17 INFORMANT	2 Wolson	Glen Burnie Md
hysician papers. Pent, the ment, the	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED		Malman	DU DOD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., BAL	2500 MMEDIATE	1 12.11171	GEODI DIL	7 11 121	
W. PRESTON not the death ce by the attendin size remainion, or a cother traumatic	Conditions, if any, which gave rise to immediate	(b)	V13 EV 20	Bia	
01 W. PI that the d by the lease rem rial, crem or ather t	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	the Me	lstar -	-
RDS, 20 equires n signe Then pl to burn injury, 0	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
VITAL RECORDS  VITAL low required to the state on the state of the sta	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
2 2 2 2 2 7 7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY		URRED (ENTER NATURE OF INJUR	
DIVISION OF VI DING PHYSICIAN: or ottending physic te os the buriol-tron oith and Mental Hy marked or Item 18	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI	19 21f. LOCATION STREET	CITY OR TOW	IN COUNTY STATE
DIVING ol or other use as the Health or is market is market	WHILE NOT WHILE AT WORK  220   certify that (1) (this haspita	I) quended the deceased from	9-70-79 19	10 8-10-	82, 19, that (1) (we) lost
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	saw the deceased alive on obove, (I) (we) (did) (did not)	0-20-07 19	, and that in (my) (aur) apinio	on death accurred on the da	ate and hour and from the causes stated
	Umg	u	ATTENDING PHYSICIAN		F X-73-87
D Puring HO	22d. PHYSICIAN'S NAME (TYPE OR P	FANGUL	22. ADDRESS 3350-11	ilkens 1	Dre-Bulfamon
230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NA AUGUST 22 1962 /	ME OF CEMETERY OR CREMATORY	Y 236 LOCATION CAISFIELD	SCOUNTY STATE
	UNERAL DIRECTOR	11 -201800110-11	2011	ATE REC'D. BY REGISTRAR	JUINT 1 11 1.

DHMH - 16 50M 1/B1 (VRA 15, 4)

## STATE OF MARYLAND

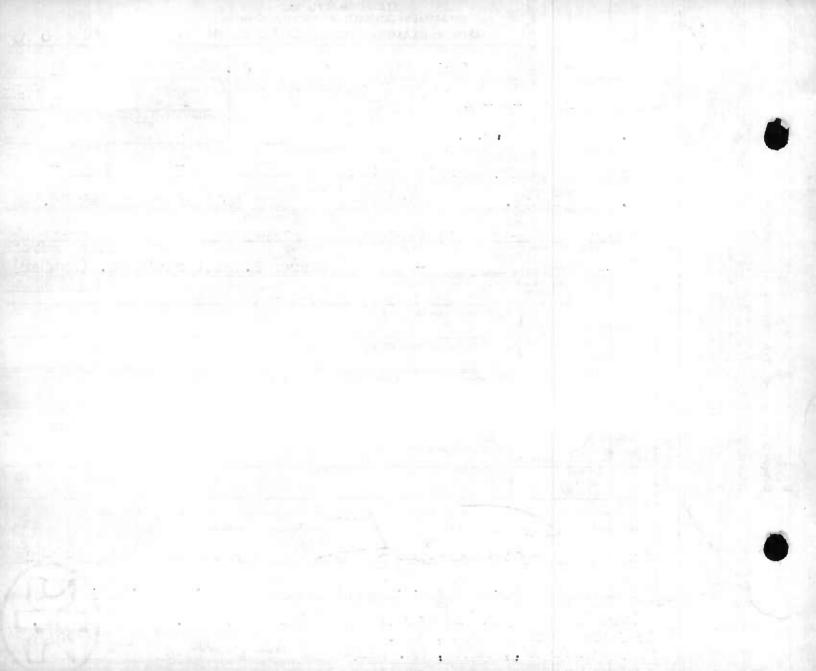
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CEASED NAME FIRST PE OR PRINT)  MAYN	VARD E	LAS	т	REG. NO.	ONTH DAY YEAR	2b. HOUR
	MAYN	MODE					ZU. HOUR
3. SE.		VAKD,	Nic	CHOLS	\$	1 14 82	653
11.0	X	4. RACE	5. DATE OF	BIRTH	6. AGE   IN YEARS LAST BIRTHD		IF UNDER 24 HRS
	m	W.	MONTH	26 30	51	YRS.	HOURS MIN.
//	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	BALTIMORE CITY OR		Balto.
-	Mary land	USA	WIDOWED	DIVORCED	RANDAL	LSTOWN	Co. M
$\mathcal{L}$	City or town of death Randallstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI Balto. County	Gen. Ho		OCCUPATION OTHER DESIGNATION OF WAR AND STOP WORK FOR MOST OF WAR AND STOP WITH THE PROPERTY OF WAR AND STOP WAS AND STOP		BUSINESSOF
130. 9	JAL RESIDENCE I IF NURSING HOME OR STATE 136 COUN Md. Balt	TY 13c CITY OR TO		36 INSIDE CITY LIMITS? YES NO 27	13e STREET ADDRESS 3901 Marrio	tts La.	1981
14 FA	ATHER'S NAME FIRST	MIDDLE LAST	1	S. MOTHER'S MAIDEN NAM	ME	TAST	W
4	Maynard Ni	chols Sr.		Mae		Shadle	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC		17. INFORMANT	ADDRESS	OSOI HAULT	
	Vo	214-26-	-2912	Mrs. Grace N	lichols Pike	esville, Md.	21208
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), a	and to			APPROXIM BETWEEN OF	MATE INTERVAL
CERTIFICATION	PART 2. OTHER SIGNIFICANT (	19b. CONDITION FOR WHIC			20a. AUTOPSY? 2	10N GIVEN IN PART 110  10b. IF YES, WERE FINDING N CERTIFYING CAUSES OF YES	GS USED
3 8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			140
A. A.	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		,		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	1	ZII LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK				C 11		
I	22a I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	tol) attended the deceased from  19_11 view the body after death.	\$2. ond	that in (my) (our) opinion of	MEDICAL STAFF	and hour and from the co	
	TH PHYSICIAN'S NAME FINO	PESTAL		PHYSICIAN [22e. ADDRESS BALTIMO	DIRECTOR DHYSICIA		AL H
23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEA	METERY OR CREMATORY	23d. LOCATION	COUNTY	67.00
	Burial			n Cemetery	Woodlawn	7 Balto.	MDA
24 EI	UNERAL DIRECTOR Toning	Byers Funerals	Directo	ors Will	RECEBURE CISTRAR 25	BECIETARIS SIGNATU	RECORD

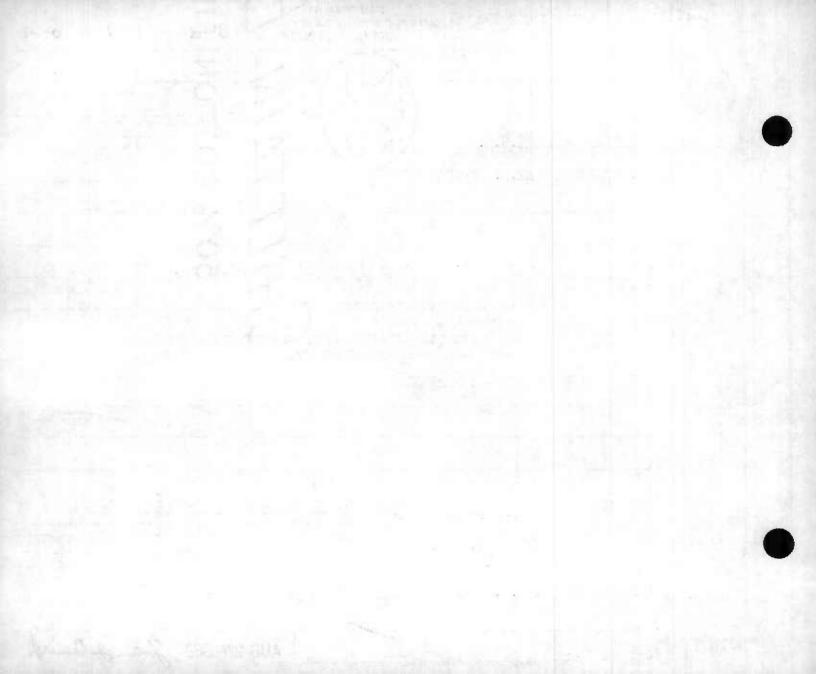
3 0 1 A HINNER E Charles Come MESSAR DINE INCOMEDIAL BEN S X STEEL AM STEEL STEEL V. DETESTOR BACTMONE CONTY FORE AL HOM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-Eric NIEBERLEIN JR HOURS STREET, WARREN DIRECTOR. 8 10 1982 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR LAST BRAHAN DATE PRONOUNCED 1:53 6-20-82 White DEAD 1982 Male 10 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Md. DIVORCED Baltimore County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Joseph's Hospital Towson ISUAL RESIDENCE (IF IN NURSING ) 1 AND 2 SHOULD I 8016 Ridgeley Oak Rd. BALTIMORE, MD. 21201 130. STATE Baltimore Balto. Md. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Nieberlein Warren Eric Dolores Scott ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? address T. PAGES 1 DIVISION ( (YES, NO, OR UNKNOWN) Warren E. Nieberlein Sr. (father 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND ME , 21201 PRIGR TO BURIAL, CREMATION, DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 71e PLACE OF INJURY II LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, IN PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE STITL AND ARTHER DEATH, WORLE, MARYLAND, 2 220. I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my opinion death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Debuty ChiefedICAL EXAMINER 8-11-82 SKINATUR EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Gardens of Faith Balto. Md. BP AUG 1 3 1982 24 FUSCATIFUTIER Funeral Home, Inc. **DHMH - 17** 9705 Belair Rd., Balto. Md. 21236

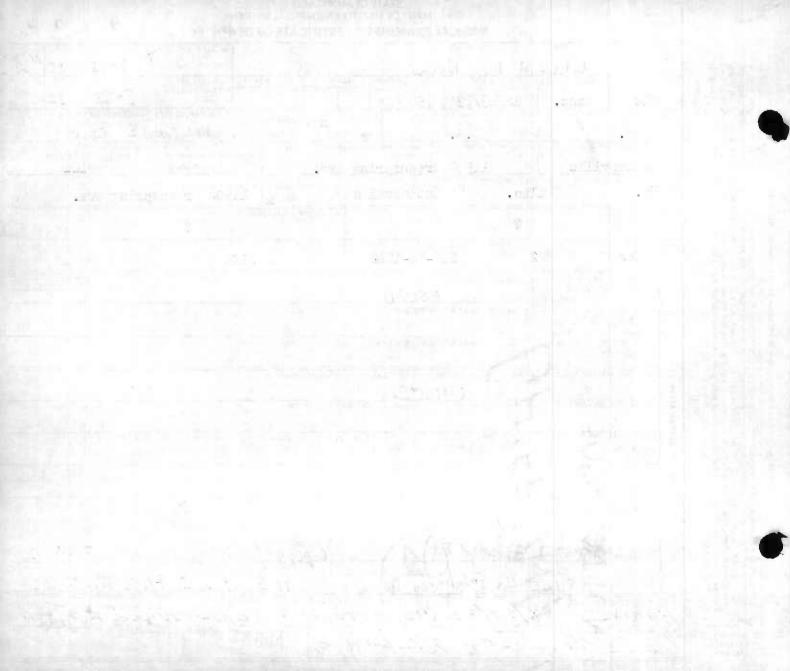
(VR A15 ME (5)) 20M 4/B2



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22		IRGINIA	U.S.A.		WIDOW		BALTIMOR	E COUNT	TY	
22	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCU	PATION OST OF WORKING	125 KIND O	F BUSINE
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311	14.17	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LE	LAS	
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dice 2	1		GIVE WAR OR DATES			17 INFORMANT		DDRESS		
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TO FUNERAL DIRECTOR: after this certificate has been signed by the ottending physician and completely filled in by the timinal should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical exem

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FOR

STATE OF MARYLAND		STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  [If EITHER, NOTIFY MEDICAL EXAMINER] P.M. 19  21d INJURY OCCURRED  21e, PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM, ETC]  22a I certify that (I) (this hospital) attended the deceased from 10 13, 19 3, to 3, 19 3, that (I) (we) lost sow the deceased of low obove, (I) (we) (did) (did not) view the body offer death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE  22c. DATE SIGNED  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION  COUNTY STATE  CITY OR TOWN  COUNTY STATE  CITY OR TOWN  COUNTY STATE  27d. DATE SIGNED	4	21- ACCIDENT WAS IN	NDERIVING [	21h TIME O	E INHIDV		121, HOW INTURY OCC					
21d INJURY OCCURRED   21e. PLACE OF INJURY   14 HOME, STREET, FACTORY, OFFICE FARM, ETC.   211 LOCATION   17 MEET   18 MEET   18 MEET   19 MEET	2			tiette A		DAY YEAR	ZICTIOW INJURY OCC	-UKKED LENTER NA	TURE OF INJURY IN ITI	EM 18 PART I OR PART 2)		
21d. INJURY OCCURRED  WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from 10 13 19 20, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obver, (I) (we) (did) (did not) view the body offer death.  22a. I certify that (I) (this hospital) attended the deceased from 10 13 19 20, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obver, (I) (we) (did) (did not) view the body offer death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	71	S (IF EITHER NOTIFY MEI		P./		19						
22a I certify that (I) (this hospital) attended the deceased from 19 22. and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body of the death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		21d INJURY OCCU	RRED			INCE EADA STC )			CITY OR TOWN	COUNTY	ST/	ATE
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sow the deceosed olive on obove, (I) (we) (did) (did not) view the blody offer death.  22b. SIGNATURE  DEGRE  ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYS				ol) attended the	e deceased fro	om 10	13/ 19	5_10_	2/0	1982	that (I) (w	e) lost
226. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE		sow the deceo	sed olive on.	8/4		982 6	nd that in (my) (our) opin	ion death occurre	d on the date or	nd hour and from th	ie couses stat	ed
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR			(did) (did not	view the body	offer death.		DEGREE			22, DAT	E SIGNED	
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS  ADNAN M. SOMNEZ. M.D.  23e. NAME OF CEMETERY OR CREMATION, REMOVAL 23b. DATE  23e. NAME OF CEMETERY OR CREMATORY  23d. LOCATION  23d.		THE SIGNATURE	- 1	- 57	>		ATTENDING	GA MEDICAL	STAFF	0/	0/00	,
ADNAN M. SOMNEZ M.D. 500 N. ROLLING ROAD  236. BURLLING ROAD  236. BURLLING ROAD  236. COLUMN SOMMEZ M.D. 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COLUMN STATE	_		10 /10	7			TITISICIAL	DIRECTOR	PHYSICIAN [		9/80	0
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION		22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e. ADDRESS				/	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION		ADNAN M	SOMN	EZ . M.D			500 N. ROI	LLING ROA	AD			
(SPECIFY) COUNTY STATE		36. BURIAL, CREMATION				23¢ NAME OF C		RY 23d LOCA	ATION			
BURIAL 08-12-82 LOUDON PARK BALTIMORE CITY MARYLAND				08-12	-82	TOIII	OON PARK	BAT	CIMORE C	ITY COUNTY MA	RYLAN	D

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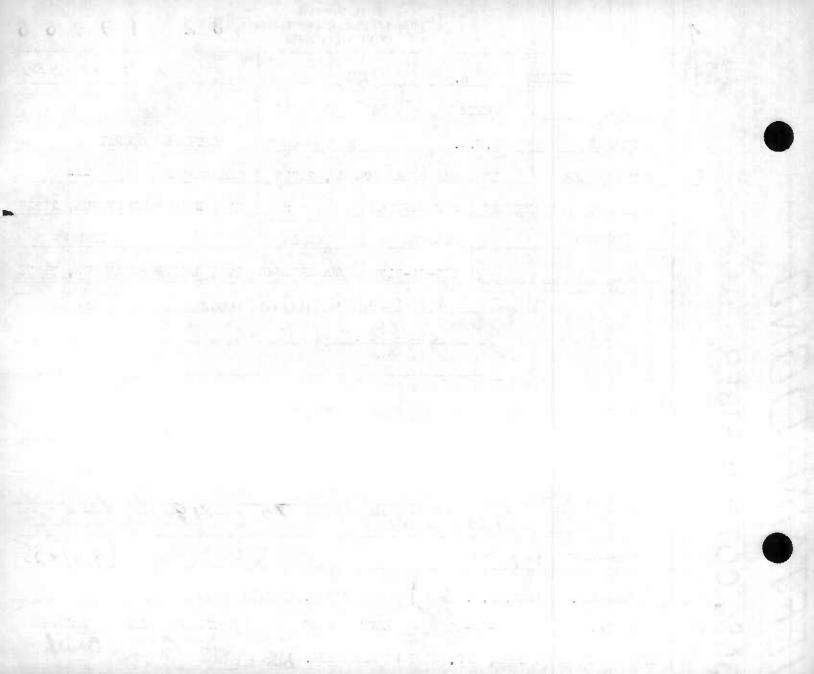
BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

256. DATE REC'D. BY REGISTRAN

REGISTRAR'S SINATURE



Youth I will be a second of the second of th

	1.	FOR STATE		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2		9 9	6 8	
	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. N		AY YEAR	26 HOUR	_
		E OR PRINT)					20 DAIL OF DEATH	MOITIN D			
4	1. SE	JAM	LS J	•	5. DATE C	AGA NO	6 AGE LIN YEARS LAST BIR	08 1	1 182	11:50P	Μ
	. 56	MALE	Whit		MONTH	DAY YEAR			ONTHS DATS	HOURS MIN	
4	In BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTR		ary 27, 1912	9 BALTIMORE CITY C	YRS.	OF DE ATM		_
5	(	country)	U.S.A		MARRIE						
		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR		DIVORCED DIVORCED	BALT MOR		INTY 3	OF BUSINESS OF	
6		TOWSON	GBMC		N. CHAI	RLES ST.	Auto Part		INDUSTRY	Boyd	Ì
5	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Iaryland Ba	ROTHER INSTITUTION NTY Ltimore	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 909 Morr	is Ave			
	14 FA	ATHER'S NAME				IS. MOTHER'S MAIDEN NA					_
C		<b>James</b>	WIDDLE	Pagano		Elizabeth	WIDDLE		Eato		
		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	55			_
		0	TE TOM ON DATES,	212-07	<del>-</del> 0778	Nancy E. Pag	gano Same a	as #13.		li come	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause last	DUE TO, O  DUE TO, O  (b)  DUE TO, O  Ic)  CONDITIONS CO	RENAL  R AS A CONSEC  RENOVA  R AS A CONSEC  EMBOLU  DITRIBUTING TO	PALLURI DUENCE OF ASCULAR DUENCE OF JS (L)	HYPERTENSION  LEG LOWER GI I  NOT RELATED TO THE TERM	INAL DISEASE OR CON		N IN PART 10		
7	FICA	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO!	WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?	
-	ERTI	71a. ACCIDENT WAS UNDERLYING [	7 21b. TIME C	E INTUIDY		21c HOW INJURY OCCURR	YES NO	YES		NO 🗍	
1	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	HOUR A. P. 21e. PLACE	M. MONTH M.	DAY YEAR 19	211 LOCATION STREET	CITY OF TO		COUNTY	STATE	
ń		AT WORK NOT WHILE AT WORK									
	1.5	.22a.1 certify that (I) (this hosp sow the deceased alive or	0	/11 19	00	d that in (my) (our) opinion o	, to8/11 depth occurred on the do	, 1 ote and hour		that (I) (we) los couses stated	it
		77h SIGNATURE	Most	1		ATTENDING PHYSICIAN	MEDICAL STAF		220 DATE 8/11	SIGNED	
		G.Y. APOSTOL	IDES, M	.D.		22e. ADDRESS GBMC - 6701	N. CHARLES	STREE	T 2120	4	
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		4,1982		od Cemetery	Parkville	<u> </u>	Salto.	Md. STATE	
	24 FL	uneral director  ck Towson Funer	al Home	, Inc.	1050 Yo	rk Road 250 A)	GE1 2 1982 RAR		AR'S SIGNAT		

DHMH - 16 50M 1/81 (VRA 15, 4)

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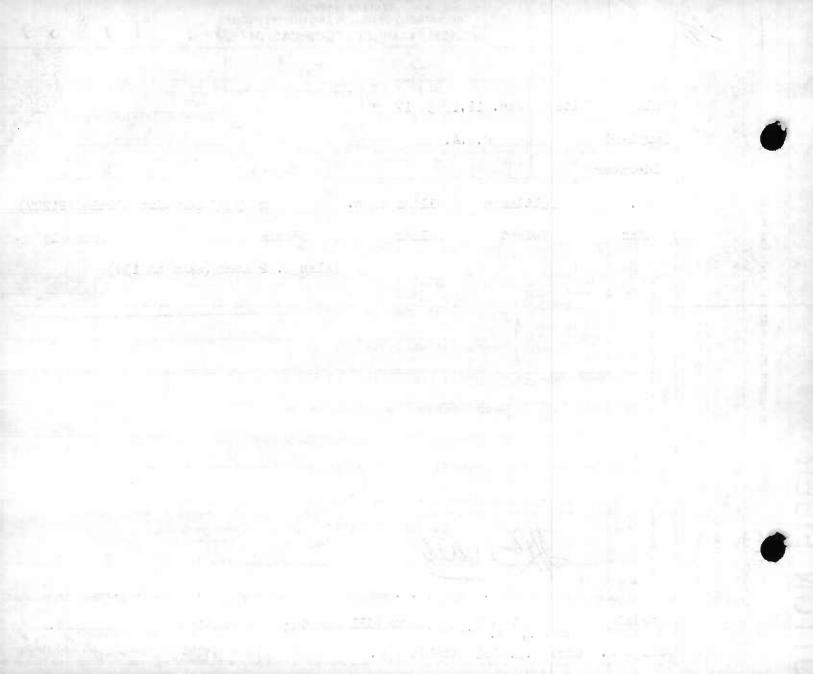
should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

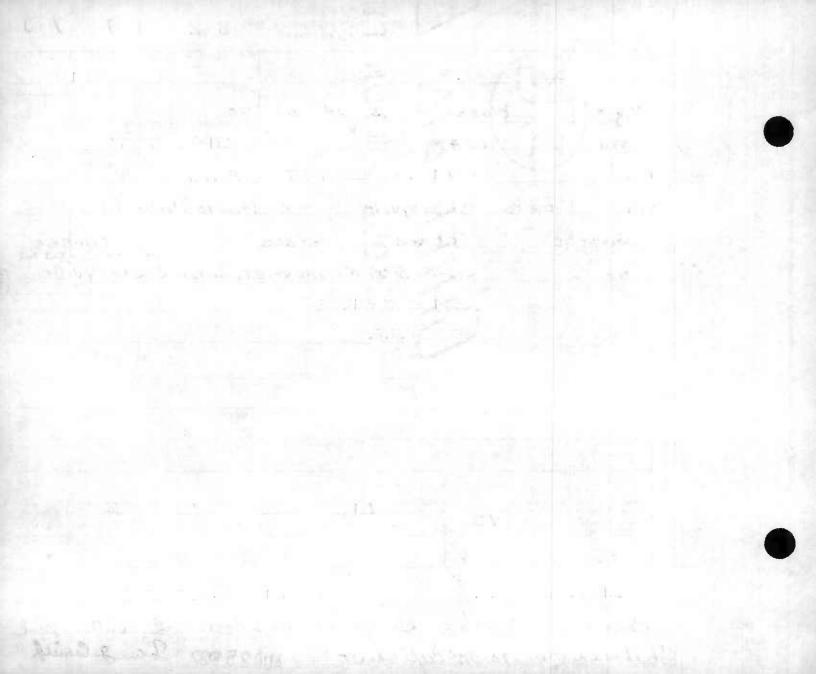
C VI CON CONTROL OF THE CONTROL OF T Section of the second of the s State of the second of the sec . Cit as auti Omivet .2 bash to T-V-12. Add, oring allering typesaled country full, Mr. 16. Calminate Lies Moses Trigues on a, Tea. You so J. a. 1924 A. W. 1988 A. L. 1946

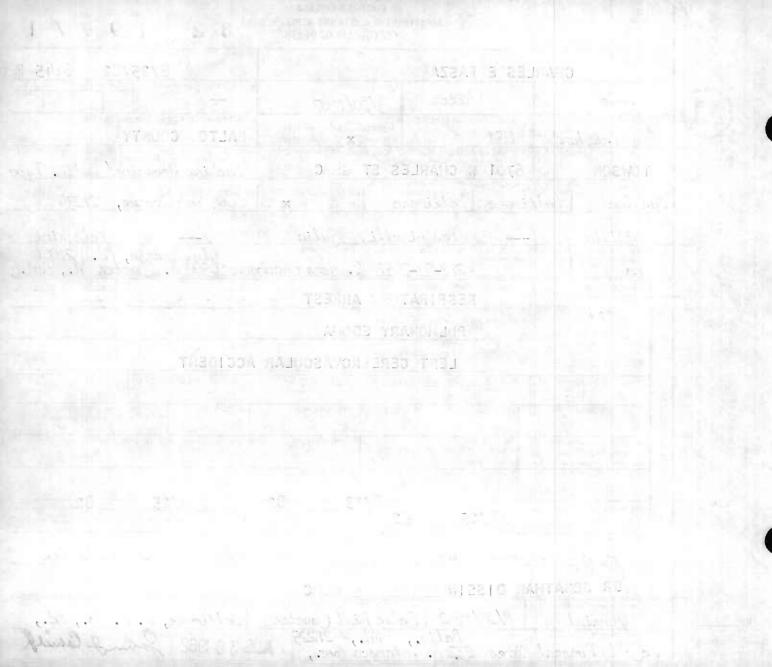
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 26 HOUR DATE KNOWN (TYPE OR PRINT) OF Allen Palmer 82 Wade DEATH MATEDXX 19 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. YEAR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 82 4:30 DEAD Male White 17,1965 Jan. YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR PM MARRIED NEVER MARRIED FORFIGN COUNTRYS Baltimore 18. GIVE PAGES 1, 2, AND 3 TO THE FINAL SIMIL FORM PM 3. RETAIN PAGE MIT. PAGES 1 AND 2 SHOULD BE FILED E. DIVISION OF WIAI. RECORDS, 201 County U.S.A. DIVORCED Maryland WIDOWED ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Dam at Deer Park Rd(estension) FOR MOST OF WORKING LIFE OR INDUSTRY Eldersberg USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3845 Songbird Circle Md. Hollins Vlge. YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Alan Dwight Palmer Shiela Trusdale 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES. NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES) No Alan D. Palmer (same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W, PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE STATEMENT THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 20 AUTOPSY? YES . NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INITIRY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR found floating in dam CONTRIBUTING CAUSE OF DEATH ? P.Asct . 7/9 III. LOCATION 21d INJURY OCCURRED Balto Co, CITY OR TOWN NOT WHILE Liberty DeerParkRd extension. Dam AT WORK 22a I certify that I taak charge of the remains described above, held on and in my apinian Inquiry Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 8/13/82 SIGNATURE SIGNED EXAMINER'S NAME Penn Street Balto (TYPE OR PRINT) Guard M.D 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) STATE Buria Cedar Hill Cemetery Baltimore RP 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR Balto. 25b REGISTRAR'S SIGNATURE Md. **DHMH - 17** George J. Gonce F.H. 4001 Ritchie Hgy. (VR A15 ME (5))

20M 4/82

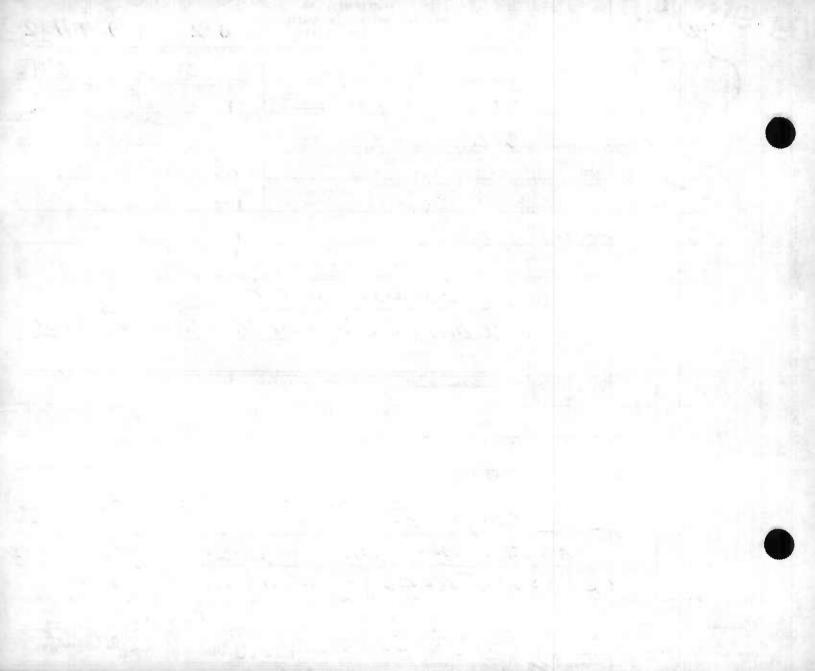


1	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 2	1997
1.50	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
	E OR PRINT)		LAST		ONTH DAY YEAR 26 H
3. SE	LEON	A .	PARKER	6 AGE (IN YEARS LAST BIRTHD	
3. 30			S. DATE OF BIRTH  MONTH DAY YEAR	AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOU
To. B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	3 14 02	9 BALTIMORE CITY OR C	YRS PEATH
	COUNTRY		MARRIED MEVER MARRIED		
10. 0	ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE,	12b. KIND OF BUS
9	TOWSON	GBMC - 6701 N	• CHARLES STREET	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
WSU 13n	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
	Md 136 COUN	Ito Cockes	1 11	140240 Cu	Um Pd
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		NAV KE
	George	Bear	nd Grace		Park
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	140240CWt
	No	216-18.	-3109 Mrs. HENri	etta Parker (	Cockesyvil
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b),			APPROXIMATE IN
		E CAUSE (0) RESPIRA	TORY FAILURE		
	14280	DUE TO, OR AS A CONSEC	UENCE OF	-	
	Conditions, if any, which	( SEVERE	C.H.F.	· ·	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF		
	underlying couse lost.	(c)			
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 2	OL IF YES, WERE FINDINGS U
I H	Land Street St.	400		YES NO X	YES NO
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
7 3	OR CONTRIBUTING CAUSE OF DEA	VIII	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY
>	AT WORK NOT WHILE	, across state ractor offici	Commence of the commence of th		
		tol) ottended the deceased from	8/21 19 82	2	, 19 <u>82</u> , that (
	sow the deceased alive on	8/23 I view the body after decal?	82, and that in (my) (our) opinion	death accurred on the date	and have and from the cause
	27h SIGNATURE	2/1/1/	DEGREE		220 DATE SIGNI
	Hay	Thull	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	v 😡
	ZM. PHYSICIAN'S NAME THE O	PRINT:	22e ADDRESS		
	BLAIR P. GRU	3B. M.D.	GBMC - 6701	N. CHARLES S	STREET
23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	/ 11 \ _ 1
	Buriso.	8/22/82	Clouch 11. M. Chin	1 COCKESMAN	Do Butta.
24 F	UNERAL DIRECTOR		250. DA	TE REC'D. BY REGISTR OR 256	PEGISTRAR'S SIGNATURE
1	hatman HH	1701 mc Cu	elah St N	12 9 5 1000	John & Cale



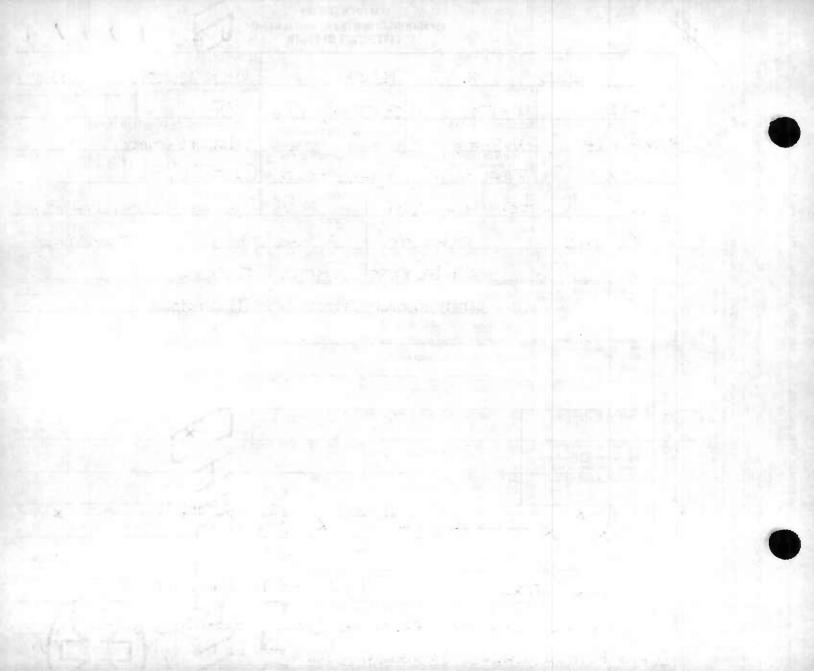


oned 12	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 PEG. NO.	9972
PAP AND		ECEASED NAME FIRST MAY	MIDDLE	PAME	24. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 39 82 20 PM
4 EWI	3. S		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR # UNDER 24 HRS
Page		Female BIRTHPLACE (STATE OR FOREIGN	White  IN CITIZEN OF WHAT COUNTRY?	May 26. 1906 1901	78 YRS.  1 BALTIMORE CITY OR COUNT	OF DE ATH
the 2 ho	1	COUNTRY)		MARRIED   NEVER MARRIED		
fun hin		ary land	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore	126. KIND OF BUSINESS OF
by the	7	Towson	(IF NOT IN SUCH FACILITY, GIVE STREET Manor Care Nurs		School Teacher-	UFE) INDUSTRY
E SE E	#SI		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N #134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Dallo CLUA.
Filled uld be	M	aruland How	7777 • 7		6474 Montgome	my Road
d with		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
omple and 2		George Pete	** 4	Ko	therine J. S	Suresch
and co		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		Anna Blommess	
Pag.	4	No	214-20-	0599   8125 Loch Ro	iven Blvd. Towsor	
Tysic apers apers apers apers		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line far (a) (b), ar	diac arres	L 1	BETWEEN ONSET AND DEATH
ng pl	1		TE CAUSE (a)	mac alla		4.1
deat carb on, c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO GRAS CONSEQU	ENCEST Les Cardio	(/asselas des	ence glace
t the at move move imati		Canditians, if any, which gave rise to immediate	berray.	June 7	Vacc	1
by the		underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
signed en plea to buria	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
law been tr. Th prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
E has e has show	/ 일				INCERT	IFYING CAUSES OF DEATH?
cian. rificat msit phygin 18	1 8	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 18	
physic physic s cert al-tra ental		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
G PHY ding pl er this buria nd Mer ked or	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY (At HOME, STREET, FACTORY, OFFICE,	THYLOCATION	CITY OR TOWN	, COUNTY STATE
DINC ttend Afte Afte th an th an	1 2	AT WORK AT WORK	TAT HOME, STREET, PACTORT, OFFICE,	- AVA A	- 9a	0.
or a or a or a use a Heal			ital) attended the deceased from	26/acy 1002	- 10 dugur	, 19 <u>2</u> , that (1) ( <del>we)</del> las
AT portal for to for tem 2			n Jale Jan 19 det) view the body after death.		death occurred on the date and ho	
y the hosping y the hosping AL DIRECTOR A LOUR Edetached for tate Dept. c. IT I terr		226 SIGNATURE	elder /ces	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Laugue 198
TO HOSPIT retained by to TO FUNERA should be de with the Stal		228. PHYSICIAN'S NAME (TYPE OF	ERT.KE	ES 220 ADDRESS MOZ	iklin Me	12111
The Train M	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	8-12-82 L	oudon Park Cemeter	y Baltimore, Ci	ty Maryland
DHMH-16 25M				Directors, Inc. PA	TE REC'D. BY REGISTRAR TO REGIS	STRAR'S SIGNATURE
(VRA 15, 4) 1/79	8	728 Liberty Road	d Randallstown,	Maryland 21138	110 1205 Ason	~~



45	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 REG. NO.	9973
	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be ,	(TYPE OR PRINT)  5HERR	V A	PAVESICH	AUG 14,1982	6:04PM
A	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 490 0	Female	White	May 5, 1931	51 YRS.	
2 2 3	OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Jeath.	Kentucky	U. S. A.	WIDOWED DIVORCED		CO MD MD
by the fu	TOWSON MD	(IF NOT IN SUCH FACILITY GIVE STRE ST JOSEPH H	TADDRESS DE TAL	(TYPE OF WORK FOR MOST OF WORKING  Homemaker	LIFE) 126 KIND OF BUSINESS OR INDUSTRY OWN Home
nin 24 hour ly filled in k should be f	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136. COU Maryland Ba	ROTHER INSTITUTION, GIVE RESIDENCE BEFI NTY 13c CITY OR TO TOWSON	ORE ADMISSION) WN 13d INSIDE CITY LIMITS: YES \[ NO \]	701 Sawyer Co	ourt
mpletely ond 2 sh	14 FATHER'S NAME FIRST  John	MIDDLE Kessel	ring   Marguer	rite	Monahan
execut and co ages 1	160 WAS DECEASED EVER IN U.S. AI	/E WAR OR DATES!		ADDRESS	1120
Page exe	M NO	402-38-	-1539 James A. Pa	vesich, Same As	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the ottene from please remove co Then please remotion, of jury, or other froum		DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONTRIBUTING TO	Esophartec	2 Vernices 1 liver.  RUAL DISEASE OR CONDITION G	GIVEN IN PART 1(0)
nas beer ne permit.	The Date of Operation  S-14-52  21a. Accident was underlying	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: The ottending physicion ler this certificate h s the buriol-transit nond Mental Hygier rked or frem 18 sho		HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM )	8. PART 1 OR PART 2)
IG PHYS offending ter this of sthe burnond Merked or the	OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
O 0 . 8 0 F	22a. I certify that (4) (this hasp saw the deceased alive a above, it (we) aid (	oital) attended the deceased from  n		ion death accurred on the date and h	, 19 , that I (we) lost our and from the couses stated
OR he	22b. SIGNATURE	Locali	DEGREE ATTENDING PHYSICIAN		8-14-82
TO HOSPITAL OR ATTEN retained by the hospital IO FUNERAL DIRECTOR should be detached for u with the State Dept. of HI IMPORTANT: If them 21 is	22d. PHYSICIAN'S NAME (TYPE	N. SADRI	22e ADDRESS 74	of Osler Duson, ND.	21204
O 5 5 5 5 8	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP	(SPECIFY) Burial	8-17-82 I	Oulaney Valley Mem		, Balto. Maryla
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR Ruck Towson Funer	ral Home, Inc. T	1050 York Rd. I	AUG 1 7 1982	is the famel

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FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

8 2

9 9

		REGISTRAR			CERTIF	ICATE OF DEATH	O G	G. NO.	7 7	1 3
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEAT		DAY YEAR	26 HOUR
	(1) PE	Nettie	4	Pe	nsel		August 6	1982		4:44 DM
	3 SE		4 RACE		5. DATE O		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	R IF UNDER 24 HRS
	12	female	white		MONT	31 O1	81	YRS	MONTHS BAYS	HOURS MIN
1	To BI	IRTHPLACE   STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CI		TY OF DEATH	
6		Naryland	USA		WIDOW	D NEVER MARRIED DIVORCED	Baltimor	ce Coun	itv	MD.
		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a. USUAL OCCU	PATION	126 KIND	OF BUSINESS OR
7		Rossville		HEACILITY, GIVE STREET			Seamtr	OST OF WORKING		Bros.
ż	USUA	AL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				Donie	DI OS.
4		Maryland Ba:	I timore	Dunda 1		13d. INSIDE CITY LIMITS?	13e STREET ADDRE		in Dat	01000
-	-	ATHER'S NAME	20211020	Dandar	.12	15 MOTHER'S MAIDEN NA	ME OZI AL	TWOLTH!	h Rd.	6 666
1	S	ilas	WIDDLE	Tea	+0	Sarah	MIDD	LE	173	AST
1		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUI		17 INFORMANT		DDRESS	Fres	<u>n</u>
	()	YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	218-18-			Thite 1	6015 1	17	11
						Louise W				n, Van
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY:	line for (a), (b), and	I (c).			, Cal.	BETWEEN	NONSET AND DEATH
		11200 MMEDI	ATE CAUSE (0)	ATHEROSCL	EROI.	IC CARDIOVASCI	JLAR DISEA	ISE	_	
	0.0	7272	DUE TO, O	R AS A CONSEQUE	NCE OF				- 05	
		Conditions, if ony, which gove rise to immediate	(b)_	12.0						
		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
			(c)_							
	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	.10
-	CERTIFICATION		PNEUMONIA	110111	8 V / II	NEURYSM	I	1000000		
	FICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND TIFYING CAUSE	
	RTII						YES NO		YES [	NO 🗌
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME O	FINJURY M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	3 PART I OR PART 21	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19			16		111111
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	IRM. ETC )	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	~	AT WORK NOT WHILE AT WORK								
		220.1 certify that XI) (this has	pital) attended the	e deceosed from_			to_Augus		-	, that X (we) last
		tow the deceased olivey	AUGUST.	6 1982	, 50	nd that in (my) (aur) opinion	death accurred on t	re date and ha	our and from the	e causes stated
		27k SIGNATURE	11/1/			DEGREE	Consequence du		Zh DAT	E SIGNED
		VA	yell us	0.4		ATTENDING PHYSICIAN [	DIRECTOR PH	YSICIAN [		
		324 PHYSELANS NAME OF	V//			22e ADDRESS			N TO LO	
		CAKIOS A.	ray mo			9000 Frank	lin Square	Drive	21237	
		SURTAL, CREMATION, REMOVA	AL ZIB DATE	23£ N	AME OF C	EMETERY OR CREMATORY	236 LOCATION			
		Buri	al 8-	10-82	Gard	ens of fait		The same of	il toN	fd.
	24. FL	INERA DIRECTOR	E11 -	70 1 1	2 0	D / 15e. 041			STRAR'S SIGNA	
		Lassalin	FH	19071	sello	en par A	06 1 1 198	6000	mod l	swelf

DHMH - 16 50M 1/B1 (VRA 15, 4)

ATTENDING PHYSICIAN: The

TO FINEFAL DIFFECTOR: After this certificate has been signed by the ottending physicion and complete, filled in by near the dataset of the buriol-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld to filled the Salar of Health and Mental Hygiene prior to buriol, cremation, or remaval.

MICRITANT II see 11 is marked or frem 18 shows any injury, or ather traumatic event, the medical examination to be a second or frem to the property of the p

The state of the s	

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

	FOR 1 - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 2	199	7 6
	1	0		Persechini			26 HOUR
	ANGELO	4 RACE			8/2/82 AUGUS:		6:58 PM
	Male	Caucasian	S. DATE O	ch 28, 1905	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
*	DE BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH	
l	Italy	USA	WIDOW		Baltimore	County	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND O	F BUSINESS OR
J	Catonsville	Forest Hav		sing Home	Retired	Unkr	lown
5	SUAL RESIDENCE (IF NURSING HOME O 130. STATE COU Maryland -	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1256 James		
9	14 FATHER'S NAME FIRST Marino		sechini	15 MOTHER'S MAIDEN NAME of the state of the	ME	Unkr	ī
2	NIO NI	WE WAR OR DATEST	14-6890	Patient's F	ADDRESS Records - Fo	rest Hav	ven N.H
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE 5713	nly one couse per line for (0),	(b), ondies			APPROXI	MATE INTERVAL ONSET AND BEATH
ì	Conditions, if ony, which	( b) hep	ato ce	elula 9	record		

					APPROXIMATE INTERVAL				
PART I. DEATH WAS CAUSED B	ne couse per line for (o), (b), and (c) Y: AUSE (a)  Cirrhosis	Gue,		BE	TWEEN ONSET AND DEAT				
5/15  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( ) he parts cellula dicess									
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				V. 1				
PART 2 OTHER SIGNIFICANT CON	iditions <u>contributing to death</u> but not r	RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P	ART Ito				
PART 2 OTHER SIGNIFICANT CON	196 CONDITION FOR WHICH OPERATION WAS		200 AUTOPSY?	20b. IF YES, WERE					
19a DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO				
	198. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?				

226. PHYSICIAN'S NAME ITYPE OR PRINT

sow the deceased alive an above, (I) (we) (did) (did not) view the body after death

(my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATU

23b. DATE

BUB 231. NAME OF CEMETERY OR CREMATORY

DEGREE

72+ ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR Mac Nabb

Catonsville, MD Roslindale, Mass. Folsom Funeral Home

0 F 6 1 - 5 0 - 10 0 AND THE PART OF TH Sent and the sent of the sent of There is the first of the first than the proof of MANAGER STATE THAT THE STATE OF THE STATE OF

20M 4/82

Carlo ter a de la latera de latera de la latera de latera de la latera de la latera de la latera de latera de latera de la latera de la latera de la latera de la latera de latera de latera de la latera de latera della de latera de latera della dell Judges, II. Pager Loverson Ist animate 517-18-1174 | F. Jodenia, Part, galo as 0100 - LIBERT TO THE THE THE THE TELL SEE, HELDER A 

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

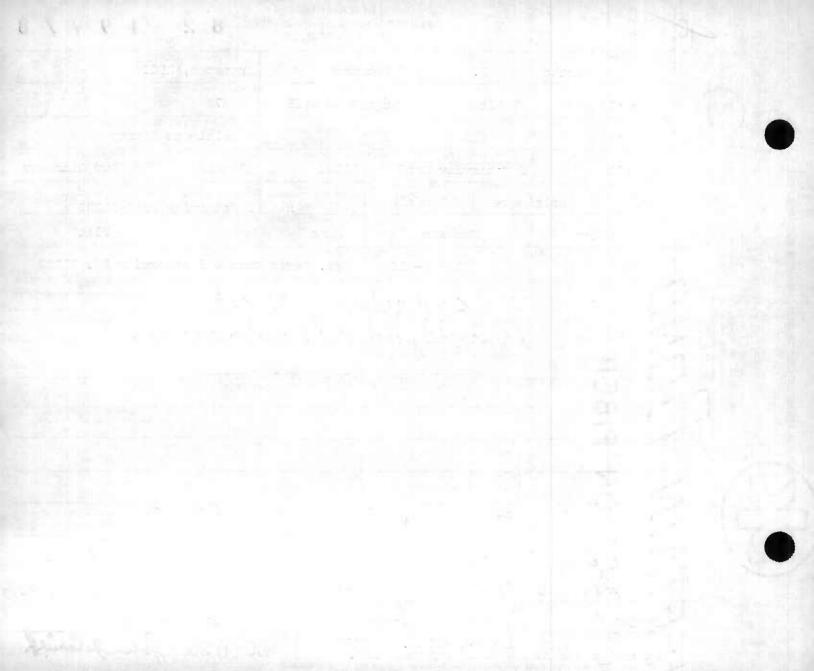
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	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.			9	
	EASED NAME FIRST  Martha	A	MIDDLE		ruccy	August 6,	1982	AY YEAR	26 HOU	R	
1 SEX	Female	4.RACE White		S. DATE (	of BIRTH ist 2 <sup>0</sup> 4 1909	6 AGE (IN YEARS LAST BIR		FUNGER I YEAR	IF UNIQUES	24 HRS MIN.	
CO	THPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED D	Baltimore County				MD.	
100	Y OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET TVIEW ROA		OR OTHER INSTITUTION 21222	Clothing	126 KIND OF BUSINESS OR INDUSTRICLEANERS		SSOR		
13a ST.	RESIDENCE (IF NURSING HOME ATE BAL	or other institution unity timore	134. CITY OR TOW Dunda		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5 Watervie	w Road	21222			
14 FATI	Gustav	WIDOLE	Neumann		Emma <sup>FIRST</sup>	WE		Plit	t		
16a WA	AS DECEASED EVER IN U.S S NO OR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR DAYES!	218-03-4		Mrs. Doris	Graeme 5 Wa		w Rd.	2122	2	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Card opulmonan armst    5 3 9   DUE TO, OR AS A CONSPOUENCE OF Conditions, if only, which (b) 12. dely metastatic Colon carchema							BETWEEN	MATÉ INTER ONSET AND	VAI DEATH	
NOIL	gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  9a DATE OF OPERATION	(c) T CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED	H?	
MEDICAL	RIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF COLUMBIA.  WHILE NOT WHILE AT WORK AT WORK	P 21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	21c HOW INJURY OCCURP	YES NO			NO _	TATE	
2	224 Certify this has saw the deceased alive above, (1) (we) (did) (did 226. SIGNATURE)	on 7/2 not) view the bady	after death. 19		22e ADDRESS	MEDICAL STAF	F IAN	and from the 22c. DATE 8/7		ve) last	
23a. BU (SP Bu	RIAL, CREMATION, REMOVA PECIFY I TIAL	23b. DATE 8/9/8		wartz	EMETERY OR CREMATORY	234 LOCÁTION CITY OR TOWN Baltimo	-	COUNTY	51	TATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR PUREAL DIRECTOR 7922 Wise Ave Balto. MD 21222 Duda-Ruck Funeral Home of Dundalk, Inc.



control		FOR STATE REGISTRAR	5/24/82 I		RTMENT OF H	EALTH AND MICATE OF D	MENTAL HYGI	ENE 8 2	1	9 9	7 9
14/822 1		CEASED NAME RAYMON	ID ,	A.	PHE LPS	AST			8 9		1:52P
By a by		MALE	4 RACE WHT	TE	5. DATE O		十七年	6 AGE (IN YEARS LAST BIR)	YRS		FUNDER 24 HRS
deoth. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	US	-	MARRIE		ORCED	9 BALTIMO  BALTIMO			MI
201		TOWSON			N. CHA	RLES S		120 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF  Civil Eng	F WORKING LIFE)	Self-	emp.
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours of your plant to the page 1 and 2 hours better to the complexity of the country of the medical executes the country of th	13a S	AL RESIDENCE (IF NUR STATE /irginia	INTY	GIVE RESIDENCE BE 136. CITY OR T Hayfi			NO []	13e. STREET ADDRESS Millbrook	k Farm	#22	2638
MARYL fed withi on plant	1	Adelbert	MIDDLE A.	Phe			MAIDEN NAM ERST <b>ary</b>	E.MIDDLE		Smith	
De execu			RMED FORCES?  V 1&II	166 SOCIALS 472 38		17 INFORMAN		al Home,			chester ginia
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon pi urial, cremotion, or remo v, or other traumatic ever	Z	PART I. DEATH WAS CAUS  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	CARDI SEPSI OR AS A CONSE POSSI	AC ARR	O CHRO	OCARD	TI  I AL I NFAR  NAL DISEASE OR CONT			ite intervat Set and death
TAL RECORD The low required to the low region. Still permit. The given prior to given prior to the shows only injury.	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?  YES NO NO	206. IF YES, WE IN CERTIFYING	CAUSES OF	S USED F DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require of ordereding physicion.  After this certificate has been sign os the burial-fronsit permit. Then though mental Hygiene prior to borked or flerend 8 shows ony injury	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 210 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A ER) P.  21e PLACE	OF INJURY  .M. MONTH  .M.  OF INJURY  REET FACTORY OFF	19	216 HOW INJ		D (ENTER NATURE OF INJUR		OR PART 2)	STATE
OR ATTENDI one hospital or DIRECTOR: A oched for use Dept. of Heal	,	22a.1 certify that (1) ithis has sow they acosed of sobove, (A) see (did) (A) 22b. SIGNATURE	(1) attended the 8/9 wiew the body	ne deceased fro	9.82 or	DEGREE AT	TTENDING	to 8/9	ite and hour and	82 . tho I from the cou	100
TO HOSPITAL retoined by the TO FUNERAL should be detined by the Store IMPORTANT:		220 PHYSICIAN'S NAME (TYPE  DR. NELLIE  JURIAL, CREMATION, REMOVA		TAKER	M.D.	22e ADDRESS 6701 EMETERY OR CI	N. CH	ARLES STE	REET-GE	BMC	0 0
BP		Removal	8/10,	/82	Mount	Olive		Frederic		-	
DHMH - 16 50M 1/81 (VRA 15, 4)	49	NAME Henry	/ W. Je d Balto	enkins MD	& Sons 2121	Co.	250. DATE	UG 1 2 1982	256. REOTIRAR	s signatur	Coming

Charles In Course that I many was their State 27,000 in 1970 - 3 life of riginal control of the description of the limit when the 0.101.0 THE DINORED BY AS STOURS ROTEO BY BRIT 17 10 6 V 5 July 6 July 27. 51115 1. WHITHER H.D. 6701 H. CHICLES STEEL TIME Famourity 19 10/192 Neuro Olive Breat of the Co. . Ved Penty L. Jan in & Fore Co. dens Yares Bord Briton , MD 21912 .... nding physician and completely filled in by the funeral discorbon papers. Pages 1 and 2 should be filed within 72 hai

injury, or other troumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove cords approximate State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

MPORTANT: If Hem 21 is marked or Item 18 shaws any

this certificate has been signed by the ottending

requires that the

ATTENDING PHYSICIAN. The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

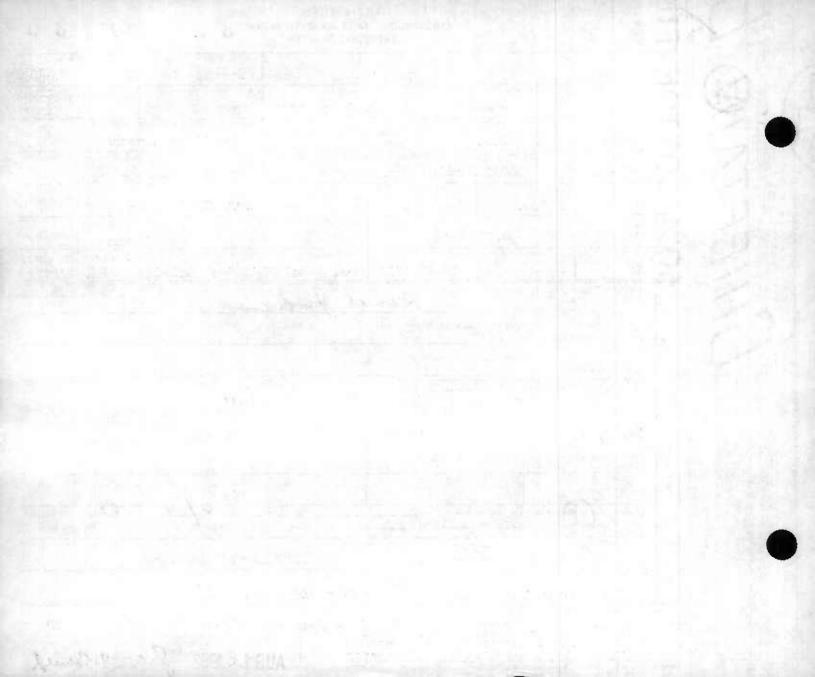
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1		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.		
1		CEASED NAME FIRST	WIDDIE		LAST		DAY YEAR 26 HOUR	-
	{TYPE	Milton		Philli	ns	August 14, 1:	982	M
1	3. SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	_
	1	male	white	Ma	rch 27, 1903	79 YRS.	MONTHS DATS HOURS MIN	
1	(	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	DICI NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
2		Maryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore Con	unty M	D
	W	ty or town of death 100d lawn	11. NAME OF HOSPITAL, NURS (IENOTIN SUCH FACILITY, GIVE STRI 8007 Douglas	Ave.		(TYPE OF WORK FOR MOST OF WORKING LII Balto. Trans		2
	13a. S		PROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c CITY OR TO Woodla		13d. INSIDE CITY LIMITS? YES NO	13° STREET ADDRESS 8007 Douglas Ar	ve.	
C	14. FA	THER'S NAME GEORGE	Phillips		15. MOTHER'S MAIDEN NA.  Anna  Anna	MIDDLE	tman	
	16a W	AS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	17 INFORMANT		07 Douglas Ave	
		ES NO OR UNKNOWN) (IF YES, GI	213-10	-1534	Mrs. Ethel P.	hillips Baltimo:	re, Md. 21207	
7	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	196 CONDITION FOR WHICH	OUENCE OF  ODEATH BUT  CH OPERATIC	ON WAS PERFORMED  Connection  210: HOW INJURY OCCUR	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E. FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		sow the deceased alive of obove (1) (we) (did) (did no	n 19 ot) view the body ofter death.		nd that in (my) (our) opinion	death accurred on the date and hou	19	st
		276. SIGNATURE	H nega	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED	
1		22d. PHYSICIAN'S NAME (TYPE			77e ADDRESS			
			H. Ginsberg		5310 Old Co			
	230 B	CURIAL, CREMATION, REMOVAL SPECIFY) Burial			CEMETERY OR CREMATORY Ridge Cemeter	23d LOCATION Pikesville Bo	atto. MD	
	24 FU		ng Byers Funeral			TE REC'D. BY REGISTRAR 256 REGIST		_
			Randallstown, N		1133 A	IG 1 6 1982 2 6	in J. Couriel	
								_

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

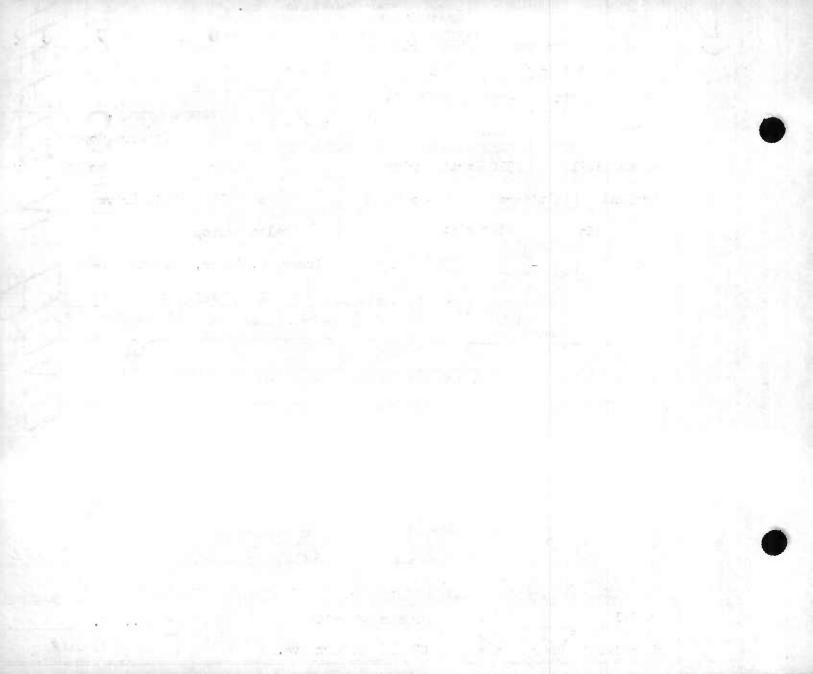
SO FUNERAL DIRECTOR: After



6		FOR STATE			DEPARTMENT OF	HEALT	MARYLAND H AND MENTAL	24	-	1 0	0 0	
		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	NER'S	CERTIFICATE (		ATE KNOWN		9 8	2b. HOUR
AASE CHESS REEL		E OR PRINT)	Robei		Edmund		Phillips	DE	ATH MATED	8 MONTH	13 1982	M
DIRECT PLE	M. SEX		rite	S. DATE OF BIRTH	VEAR 6. AGE (IN) LAST BIRTH			MIN PROM	DATE NOUNCED DEAD	MONTH 8	13 1982	10:30 D M
• 25 AND 35	Ba		nd.	U.S.A	HAT COUNTRY?	8 MARK	IED NEVER MAR	RIEDX	altimore city	_		MD.
RE, MD. 21201 EATH. IF ANY DELAY IS NE ES 1, 2, AND 3 TO THE FUR ND 2 SHOULD BE FILED, NOTE OF THE PROPERTY OF	X	N OR TOWN OF DE COSTPOUNT XXXXXXXXXXX		Northpo!	PITAL, NURSING HON CILITY, GIVE STREET ADDRESS INT BIVD &	East		FOR MOST C	OCCUPATION (TY OF WORKING LIFE) OREA	(PE OF WORK 1)	26 KIND OF BL OR INDUST Dredgin	SINESS RY Q (0.
AND 3 AND 3	13g S		136 COUNTY Balti	OTHER INSTITUTION GO	130 CITY OR TOWN	SION)	136. INSIDE CITY LIMITS? YES NO	13e STREET A	poress Castdale	2 Road	21224	
RE, MD.	14. F/	THER'S NAME GEORGE	9	aul	Phillip	B	15 MOTHER'S MAIL Patrice	cia E	lizabet	r Le	ntz	
T., BALTIMORE, MD.  URS, AFTER DEATH.  18. GIVE PAGES 1, 2  WITH FORM PM 3  IIT. PAGES 1 AND 2  C. DIVISION OF THE		VAS DECEASED EVER	(IF YES, GIVE W		212-48-1		George 9	Phill	ips 803	s East	dale Ro	ad
STON S V 24 HO N ITEM ALONG TI PERM YGIENE	7	18 CAUSE OF DEA' PART I DEATH W 8/60 Canditions, if	MAS CAUSED I IMMEDIATE ony, which	CAUSE (a) Cra	far (a), (b), and (c).) anio cerebr AS A CONSEQUENCE		cervical	trauma			APPROXIMATI BETWEEN ONSE	
W W Z Z Z Z Z		gave rise to couse (a) stating lying couse lost	g the <u>under</u> -	(c)	AS A CONSEQUENCE		E DR CONDITION GIVEN IN P	PART 1 (a).				
OF VITAL RECOR	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPE	RATION V	/AS PERFORMED?				20 AUTOPSY	? NO []
DIVISION OF V  AL EXAMINER: THIS CERTIFICATE S  THE CERTIFICATE, WRITING THE WO  HOULD BE FORWARDED TO THE  RAL DIRECTOR: PAGE 3 SHOULD BI  ATH, WITH THE STATE DEPARTMENT  RE, MARYLAND, 21201 PRIOR TO BI	MEDICAL CERT		COR CAUSE OF DE TRED WHILE VORK	21e PLACE C STREET, FACT	MONTH DAY YEAR	AR 32 21f LC No.	driver of CATION STREET  Thpoint B  STREET  Homicide  TITLE (SPECIFY)  TO Deputy C	auto CITY  Vd & Fa on . Inc  Undetermin	ost cont	ral &	overtur overtur indalk,F	ned_
TO MEDIC EXECUTE: TO FUNE AFTER DE/ BALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	I noi		nith, M.D.		ADDRESS	II Penn		Ito.,	MD.	er e
BP	(5	JRIAL, CREMATION, PECHY)  Buri  JNERAL DIRECTOR		8-18-82	Sacred	Hear	t Cemetery	23d LOCATI CITY OR TON DUNC REC'D, BY REG	Talk . E	Ralto (	o. Md. ST	TAYE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	(		& Son	Inc. ADDRESS	24 Eastern	Aven		1 7 198	0	in J.	Comies	<u> </u>

A Comment of the Comm (C) the state of the s .... in the state of the state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE Monthune 20 PRONOUNCED 1.50 White Female DEAD a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X X X EVER MARRIED Indiana USA Baltimore County WIDOWED . DIVORCED 11, 2, AND 3 TO THE PLOW 3. RETAIN PAGE 5. PLOULD BE FILED VIDAL RECORDS; 201 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY School System FOR MOST OF WORKING LIFE) Essex 21221 Martin Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 2310 Martin Drive 3a. STATE Essex 2122 Baltimore Maryland DURS AFTER DEATH. 18. GIVE PAGES 1, 2, 3 with FORM PM 3 AIT, PAGES 1 AND 2 5 E, DIVISION OF VIDAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MID Siechrist Thelma Bishop 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) Same Richard L. Pitzer, Husband No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DED TO THE CHIEF MEDICAL EXAMINER ALONG W 3 SHOULD BE USED AS A BURIAL - IRANSIT PREMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, il any, which gave rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO C FORWARDED TO THE COR: PAGE 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK COUNTY STATE 22a I certify that I took charge af the remains described above, held an Autopsy and in my opinian death resulted from: Homicide Undetermined manner 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Gardens of Faith BP 14 FUNESAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** AALIG 1407 Old Eastern runera (VR A15 ME (5)) 15M 2/80



- STATE

(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MARCH TO PROPERTY OF THE POST CAMBERNA HE COMMITTED TO STATE OF THE POST OF TH

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCLENE

CERTIFICATE OF DEATH	8 REG. NO.	9	984
PORTERA	20 DATE OF DEATH MONTH 8 1	1 82	26 HOUR 2:30A
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
MONT 3 1 PAY 06 EAR	76 YRS		10000

THERESA FEMALE WHITE

76 CITIZEN OF WHAT COUNTRY? 8

Baltimore

MARRIED NEVER MARRIED DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

12a USUAL OCCUPATION

Housewife

12b. KIND OF BUSINESS OR

CITY OR TOWN OF DEATH TOWSON

BIRTHPLACE (STATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION)
30 STATE 131. COUNTY 132. CITY OR JOWN

WIDOWED

Marian

13e STREET ADDRESS 1545 Kennewick Rd

Maruland 4 FATHER'S NAME Samuel

3a STATE

CERTIFICATION

00

à

MPORT.

FOR

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

COUNTRY

Italy

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

U.S.A.

Salafia 166 SOCIAL SECURITY NO

17 INFORMANT

YES TX

ADDRESS

220-44-9334

15 MOTHER'S MAIDEN NAME

Mr Samuel A Portera 1549 Kennewick Rd

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RESPIRATORY ARREST METABOLIC SACIDOSIS, RENAL FAILURE Canditians, if any, which gove rise to immediate cause to, stating

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME STREET FACTORY OFFICE, FARM, ETC.)

8/14/82

underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

sow the deceased way of the body ofter death

NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

ATTENDING

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NOT WHILE 270.1 certify that (M(this haspital) attended the deceased from

190 DATE OF OPERATION

82

and that in ( ) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED

CITY OR TOWN

200 AUTOPSY?

226 PHYSICIAN'S NAME (TYPE OF PRINT)

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

211 LOCATION

CHARLES STREET-GBMC

DR. T. FIRTH M.D.

23c NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL

STATE

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

Leonard J Ruck Inc. Baltimore, Maryland

Dulaney Valley Baltimore, Maruland

MH - 16 50M 1/81 (VRA 15. 4)

77 14/4 TTTTT STIPLE : TTTTTT DEFINE TERES SIDENIUM OF LARVESTE 10 10 21 10 22 11 20 11 20 11 24/11/1 

10	1.	FOR STATE REGISTRAR				DEP ARTA	MENT OF H	E OF MAR TEALTH AN	D MENTAL I	IYGIENE	8	2 REG.	NO.	1	9	9	8	5
		CEASED NAME OR PRINT)	FIRST		MIDDLE			LAST			ATE OF		MONTH			AR	2ь. но	UR
			MABE	L	E		PRE	EISEL			UGU		13,	19	82		9:1	
. A.	3. SE	X		4. RACE			5. DATE O		YEAR	6 AC	E (IN YE	ARS LAST B	IRTHDAY)		UNDER	YEAR DAYS	IF UNDE	R 24 HRS
	_	IMALE		WH	7 1 1		201		1885		77			YRS				
61		IRTHPLACE (STATE OF	FOREIGN	76 CITIZE	N OF WHAT C	OUNTRY?	8 MARRIE	D NEVE	RMARRIED	9 BA	LTIMO	RE CITY	OR CO	UNTYO	F DE A	TH		
1	1	MARYLAN	10	0.	S.A.		WIDOWE	LSU	DIVORCED					ORE	CC	DUN	TY	MD
	10. C	BALTIMO		11. NAM	IN SUCH FACILITY	L, NURSIN SEPI		OR OTHER II	NSTITUTION L		OF WORK		OF WORK	(ING LIFE)	12b K INDU		BUSIN	ESS OR
er must be	130.5	AL RESIDENCE (IF NE STATE ) O . ATHER'S NAME	13b COUN			DENCE BEFORE	LLI N	YES 🗌	E CITY LIMITS NO DE		TREET A	DDRESS		RR	ìp	( <sub>5</sub> 5		
18-2	11.17	FIRST		MIDDLE	/ O1 '	LAST	^	II MOTH	FIRST	A WALL		WIDDIE		0		LAST	_	
9	160 \	MAS DECEASED EVE	DINITIS AD	MED EOR	5 0 h	CIAL SECU	IDITY NO	17 INFOR	MANT	15		ADD	RESS	U	IR	RH	nu	
e medicol	(	YES, NO OR UNKNOWN)	(IF YES, GIVI			_	032	_	7 mile	1 6	225		05					
vent, the		18. CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one cou D BY: E CAUSE		3 161, on	1								BET	PPROXIV	MATE INTE	PVAL D DEATH
or ather troumatic e		Canditions, if ar gove rise to it cause (a1, sta underlying cou	ny, which mmediate ting the	DUE	TO, OR AS A C	MM	nos	ele	osis		gr	ne	al	zi		10	egr	3
njury, o	N O	PART 2 OTHER SI	GNIFICANT	ONDITIO	NS CONTRIBU	TING TO I	DEATH BUT	SX.	TED TO THE T	erminal i	DISEASE	OR CO	NDITIO	n Given	IN PA	RT 1/c		
Auo Smo Z	CERTIFICATION	19a DATE OF OPER	ATION	19b. C	ONDITION FO	OR WHICH	OPERATIO	N WAS PER	RFORMED		a AUTO	PSY?		IF YES, VERTIFYI	NG CA			TH?
ltem 18 sh	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOL	IME OF INJURY JR A.M. MC P.M.	DNTH DA	AY YEAR		INJURY OCC	CURRED (	ENTER NAT	URE OF IN	JURY IN ITE	M 18, PART	T OR PA	RT 2)		
arked ar	MED	WHILE NOT AT WORK	WHILE		LACE OF INJUI DME, STREET, FACTO		FARM, ETC.)	21f. LOCA STRI	ATION BET			CITY OR T	OWN		COUNT	Υ		STATE
121 is mc		220.1 certify that 2 saw the dece above, (K(we			ust 13		July 32	r 9 nd that inXr	, 19 <u>8</u> <b>X</b> ) (our) opin			gus on the		3_, 19 d hour o			hat (X	(we) last toted
VT: If hem		22b. SIGNATURE	Ca	il	26	elm	2, 1	DEGREE	ATTENDING	ME DIR	DICAL ECTOR [		aff ICIAN [		226.	P-/	F-A	F
MPORTAN		WM.	NAME (TYPE O	PRINT)	EBEL	-120	M	ADD!	7620	Yor	k R	oad	T	ows	on,	M	d.	

231. NAME OF CEMETERY OR CREMATORY

STATE

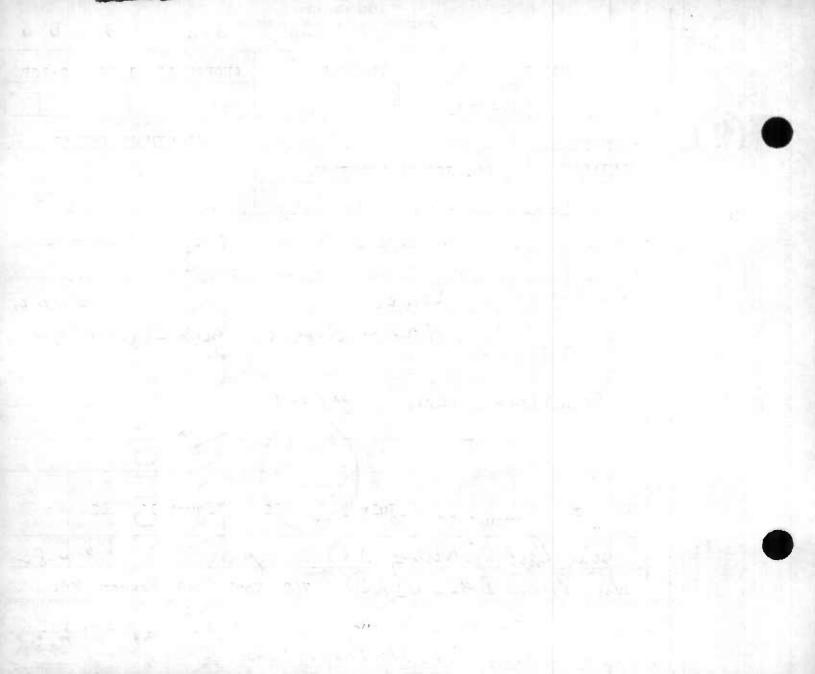
COUNTY

BALTO

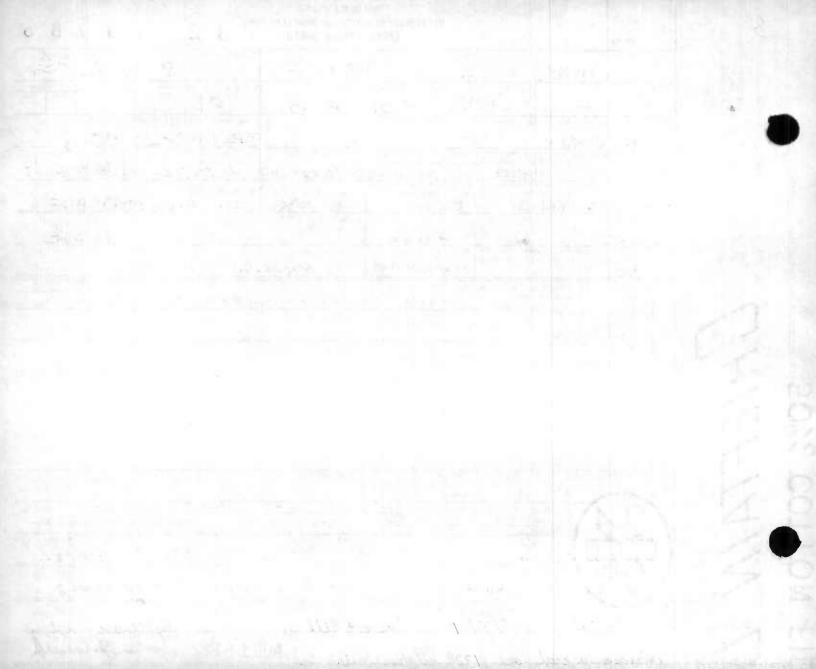
BP DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION
CITY OF TOWN
PARKY ILLS
TERECID. BY REGISTRAR 25b.
UG 1 9 1982

23b. DATE

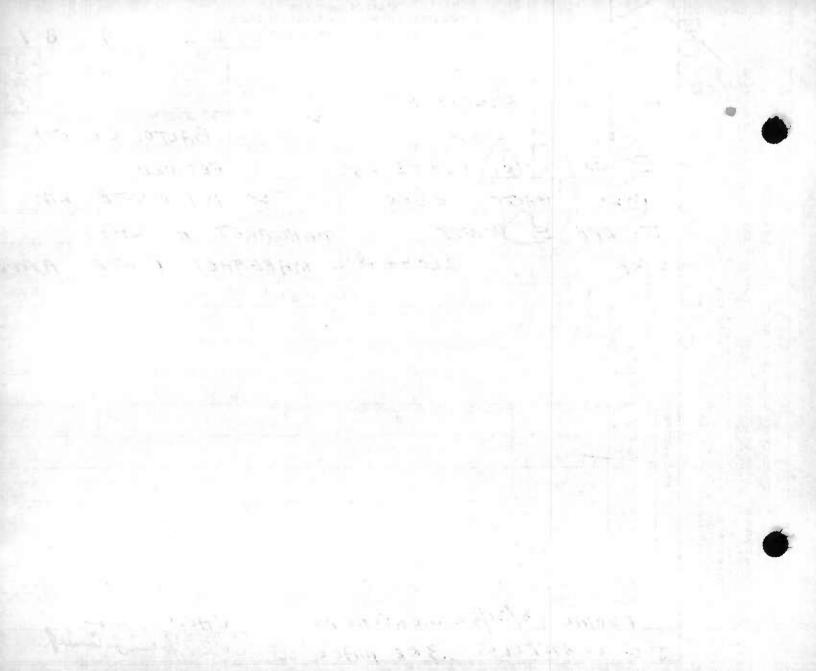


3	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	9 9 8 6
y be eoth	1. DE(	CEASED NAME FIRST MARY	B.	PRINCE	2ª DATE OF DEATH MONTH	16 82 733 PM
ge 4 n offer, w offer	3 SE)	Female	CAUC	5. DATE OF BIRTH  MONTH  DAY  YEA  O	YRS.	MONTHS DAYS HOURS MIN.
ter death. Po within 72 hau.		RTHPLACE ISTATE OF FOREIGN OUNTRY  TERSEY	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCEL	BALTIMORE	CO. , MD.
- 5 +0 +//	0	MH more	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OF OTHER INSTITUTIO TADDRESS) - PINES - CATONS	(TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY/ STATE GOVT
LAND 2 12 In 24 hours by filled in should be in	13a. S	TATE 136 COUNTRY LAW BAL		RE ADMISSION! VN 134. INSIDE CITY LIM! YES NO		TON AUE
MARY mplete ond 2	14. FA	THER'S NAME FIRST	MIDDLE LAST BAK	15. MOTHER'S MAIDE	MIDDLE	HODGE
MORE,		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? 166 SOCIAL SECT E WAR OR DATES) 216-03		coeds	
, and ph		PART I. DEATH WAS CAUSE	ly ane couse per line far (a), (b), and D BY:  E CAUSE (a) Pro bable	- /	timal Construction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer othending nove corbo otion, or re froumatic e		5789 Conditions, if ony, which	DUE TO, OR AS A CONSEOU	JENCE OF		
W. PRESTO		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF		
RDS, 201 equires the n signed b Then pleo: to buriel,	NO	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GI	IVEN IN PART 110
ne low re on. hos been permit. permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert r attending physician. Wher this certificate has been signed by the ottending os the buriol-tronsit permit. Then please remove corbot the and Mental Hygiene prior to burial, cremotion, or res arked or tem 18 shows any injury, or other traumatic es		2 1a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	HOUR A.M. MONTH D		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
C PHYSI of P	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or c CTOR: Aft or use o for use o n 21 is mort	7	22a. I certify that (I) (this hospi	tol) ottended the deceased fram.  3/7/ 19 19	82, and that in (my) (our) of	pinion death occurred on the date and ha	that (I) (we) lost our and from the causes stated
the horner to chee		226. SIGNATURE	Con 1	DEGREE  ATTEND PHYSIC	ING MEDICAL STAFF	224 DATE SIGNED
TO HOSPITAL of HOSPITAL of Should be deto with the Stote I	N	22d. PHYSICIAN'S NAME (TYPE O	GRAHAM JR.	22e ADDRESS	Strick PR Balt 10	20228
0 8 0 8 3 8		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME Mbrose Juneral	Home 1328 Sul	Prospect Hill		imane Manyland STRAR'S SIGNAPURE

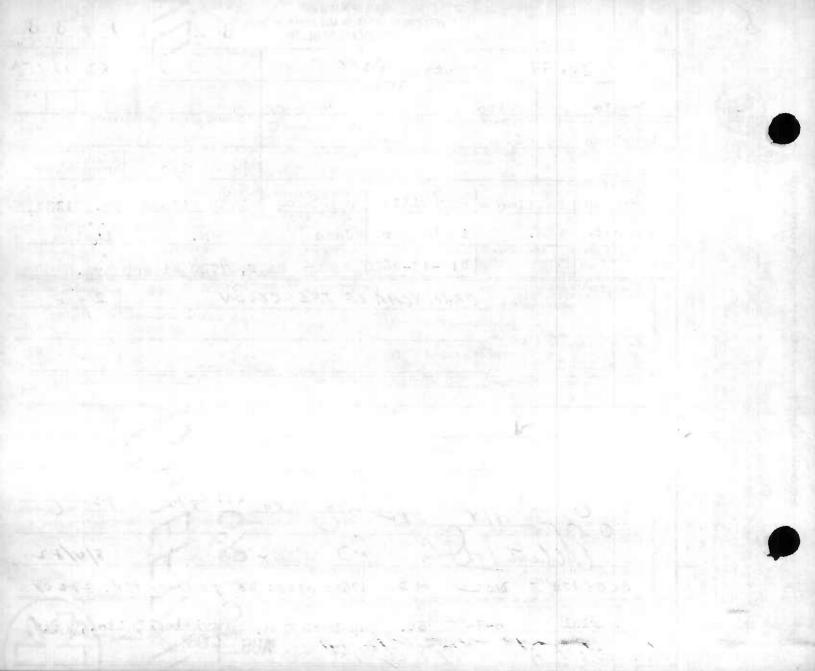


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME DATE KNOWN X (TYPE OR PRINT) ESTI-E 05 2819 DEATH MATED 3 SEX 4 RACE DATE OF BIRTH & AGE LIN YEARS IF UNDER 24 HRS DATE AST BIRTHDAYL PRONOUNCED 8 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) MD WIDOWED DIVORCED 2, AND 3 TO THE FURST SETAIN PAGE SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (IFE)

RETIRED OR INDUSTRY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) 22044 480 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (2). PERMIT. PART | DEATH WAS CAUSED BY-AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last HEALTH AND M PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION E SHOULE DEPARTMENT OF HE 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE ( Inspection X MARYLAND 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ER DEATH, TIMORE, M DATE SIGNATURE SIGNED. EXAMINER'S NAME AFTER I 25a. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) 15M 2/80



	CEASED NAME FIRST LAUR	A Augusta		AST	20. DATE OF DEATH		Y YEAR 21	110115
2 05		nugusta	RI	JFF	I DATE OF BEATT	8 V	82	. HOUR
3. SE	(	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR IF	UNDER 24 HR
	female	white	MONTH	30 VEAR 08	74	YRS.	NTHS DAYS H	OURS MIN
	(OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE	_				
10. CI		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE	WORKING LIFE)	12b. KIND OF E INDUSTRY homema	
130. S	ALRESIDENCE (IF NURSING HOME OF NURSING HOME OF 136 COURT HOME)	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	YES NO X	7720 Wil	son A	ve. 21	234
19. 02		Wildber	ger	FIRST	MIDDLE		Winsir	າຄາ
160 V	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	# 144 P P P P 145 P		17. INFORMANT				36
ICATION	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR COND	20b. IF YES, V	WERE FINDING	S USED
		110110 1 11 11011711	AY YEAR	21c. HOW INJURY OCCURE	YES NO NO RED (ENTER NATURE OF INJUR	YES		NO 🗌
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
		of view the body offer double		DEGREE  ATTENDING	death occurred on the do	F		
	10. CI 10. CI 130. S 14. FA	TOWSON  USUAL RESIDENCE (IF NURSING HOME OIL 130. STATE  Maryland  10. CITY OR TOWN OF DEATH  TOWSON  USUAL RESIDENCE (IF NURSING HOME OIL 130. STATE  Maryland  14. FATHER'S NAME  AUGUST  18. CAUSE OF DEATH (Enter oil PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (oil, stoting the underlying couse lost.)  PART 2. OTHER SIGNIFICANT IN 190. DATE OF OPERATION  190. DATE OF OPERATION  110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALL EXAMINE AT WORK  210. I CEPTIFY THOUGH WHILE AT WORK  220. I CEPTIFY THOUGH OIL OF ONE O	TOUSON  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  130. STATE  130. COUNTY  Maryland  130. COUNTY  Maryland  130. COUNTY  Maryland  130. COUNTY  Maryland  14. FATHER'S NAME  August  M. MIDDLE  August  M. MIDDLE  MILL AGREE OF DEATH (IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  1055, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), or PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUE  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)  To RULL TO, OR AS A CONSEQUE  (c)  190. DATE OF OPERATION  190. DATE OF OPERATION  1910. CONDITION FOR WHICH CIFETIER NOTEY MEDICAL EXAMINER)  TIG. MOT WHILE AT WORK  210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, AT WORK)  270. I certify the (1) (his hospitol) oftended he deceosed from sowy the deceosed olive on obove (1) welf did (and not view the body ofter dath.	TOUSON  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  AUGUST  MARNED  TOWSON  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  AUGUST  MARNED  MIDDLE  14. FATHER'S NAME  AUGUST  MIDDLE  MID	TOUSON	18 BIRTHPLACE   STATE OR FOREOR   18 CHIZEN OF WHAT COUNTRY?   18 MARRIES   18 NEVER MARRIED   18 DEVER MARRIED   18 MARRIES   18 NEVER MARRIED   18 MARRIES   18 NORCED   18 DEVER MARRIED   18 USUAL OCCUPATK   19 USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION   18 USUAL OCCUPATK   17 USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)   18 USUAL OCCUPATK   17 USUAL RESIDENCE   18 USUAL OCCUPATK   17 USUAL O	To Birthelace   Islate of foreign   To City of Town of Death   USA   U	18 STATE NAME   18 CHIZEN OF WHAT COUNTRY   18 ARRIED   18 ALTIMORE CITY OR COUNTY OF DEATH   18 CHIZEN OF WHAT COUNTRY   18 CHIZEN OF WHAT COUNTRY   18 CHIZEN OF WHAT COUNTRY   18 CHIZEN OF BEATH   18 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   120 USUAL COUNTRY   18 CHIZEN OF WHAT COUNTY   18 STREET ADDRESS   18 STREET ADDRES



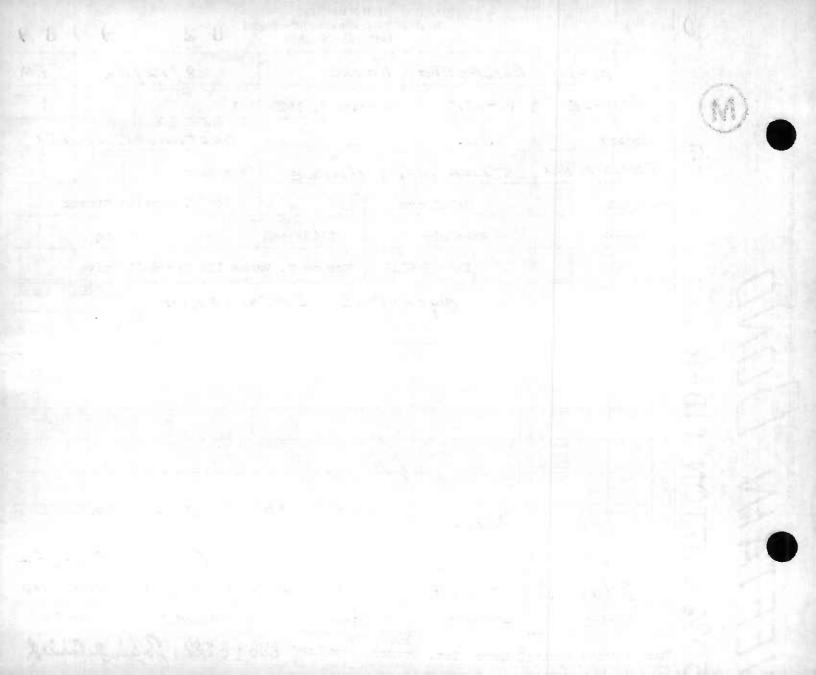
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

		REGISTRAR		CEKITI	ICATE OF DEATH	REG. N	0.		, ,
		CEASED NAME FIRST  OR PRINT)  MARY	ELIZABET	TH RA	NKE	20 DATE OF DEATH	MONTH E	82	5 P.M.
	3 SEX	FEMALE	WHITE	Febr	uary <sup>DA</sup> 8, 1899	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7	F	RTHPLACE (STATE OR FOREIGN COUNTRY)  Fungary	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	MOR	OF DEATH	UNTY MD
9	7	TOWSON, MD.		MARIS	HOSPICE	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	ION	12b. KIND C	
<	Mar Mar	AL RESIDENCE (IF NURSING HOME OF STATE Cyland	NTY 13c. CITY	nce before admission) OR TOWN IMORE	136 INSIDE CITY LIMITS? YES NO []	13e. STREET ADDRESS 509 N.	Charle	s Stre	et
		Joseph	Sebehe.	lasi <b>1</b> y	Elizabeth	WE	υ	ınknow'n	51
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	15 1111 B OD O 17501	05-6131 D	Vernon C. R	anke 124 Ma		Drive	
	NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	INSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	EN IN PART 11	o
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
7	MEDICAL CER	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK		1/19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
		22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	8/12/-8	19.82 or	d that in (my) (our) opinion o	, to	12 1 ste and hour		
,		22d PHYSICIAN'S NAME (IVPEC)	AhKudh	7	ATTENDING PHYSICIAN PAYSICIAN 2000 ADDRESS 2500 DELA	MEDICAL STAL	IAN	8/1	12/82
	23e B	URIAL, CREMATION, REMOVAL SPECIFYBurial	23b. DATE 8-17-1982		EMETERY OR CREMATORY	23d LOCATION SYRESVI			ryland

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is

Ruck Towson Funeral Home, Inc. Towson, Maryland 1050 York Road | 250. 6



3 10	IS BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  10 CITY OR TOWN OF DEATH  11 N. M. JUSUAL RESIDENCE (IF NURSING MOME OR OTHER IN 130. STATE  MD. BALTIMOR  14 FATHER'S NAME FIRST HUGH  160 WAS DECEASED EVER IN U.S. ARMED FOR (YES NO OR UNKNOWN)  18 CAUSE OF DEATH (IF YES, GIVE WAR OF YES)  18 CAUSE OF DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF DEATH (IF YES, GIVE WAR OF YES)  Conditions, if ony, which gave rise to immediate couse (o.), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  1910. ACCIDENT WAS UNDERLYING 1910. ACCI		DEPA	RTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE	3 2 REG. NO		9	9	9	0	
( I		OR PRINT)		STephe.	v R	ANKIN	20 DATE	OF DEATH W	8	DAY YEA		HOUR 8	PM
	SE		4 RACE	W	5. DATE O	DE BIRTH YEAR	6 AGE	IN YEARS LAST BIRTH	(DAY)	MONTHS DA	EAR IF	UNDER 24	
1 1000	7s. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNT	RY? 8.	Au _	9 BALTI	MORE CITY OR	YRS.	Y OF DEATH	1		
225		OUNTRY)	US		MARRIE			TIMOR		0			
90	10 C	TY OR TOWN OF DEATH	11. NAME OF		RSING HOME (	DR OTHER INSTITUTION	120 USU	AL OCCUPATION NORK FOR MOST OF	N	12b KIN	DOFB RY H SC	USINESS CHOOL	S OR
85	130 S	TATE 13b COU	NTY		EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STRE 326	et address DUNKIR	K RD				
度30		HUGH		RANKI		15. MOTHER'S MAIDEN N FRANCES	AME	MIDDLE	<u> </u>	CA	DDE 1	V	
14		ES NO ORUNKNOWN) (IF YES GI	VE WAR OR DATES)		-7364A	17 INFORMANT		ADDRES					
11						CATHERINE L.	. RANK	IN 326	DUNK				
0 6		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse pe ED BY.	er line for (a), (b)	, and (c)	-0				BETW	ROXIMA EEN ONS	E INTERVA	ATH
or other troumotic		gave rise to immediate couse (0), stating the underlying cause last	(b)_ DUE TO, (c)_	OR AS A CONSE	OUENCE OF	Cancer + "	TB						
prior to bur	NOL	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CONDI	ITION GI	VEN IN PAR	110		
18 shows ony	TIFICAL	190. DATE OF OPERATION	196 CONI	L W	0	N WAS PERFORMED	20a AU		IN CERTI	S, WERE FIN IFYING CAU ES	SES OF		,
E	AL.	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY	IN ITEM IS.	PART 1 OR PART	2)		
morked or Item	MEDIC	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ICE, FARM ETC )	21f. LOCATION STREET		CITY OR TOW	N	COUNTY		STAI	î E
21 is		22a.1 certify that (I) (this hasp		he deceased fro	9 82	d hat in (my) (our) opinion	to	8 Co	e and ho	19 8 c		(I) (we ses state	,
ANT. If Item		226, SIGNATURE 226, PHYSICIA #SINAME (TYPE)	- 1/1	Sh	rold	FEMILE MENDING HYSICIAN	MEDICA DIRECTO	AL STAFF OR PHYSICIA		22c. D/	ATE SIG	SS	2
IMPORTANT:		ALAN	11	10 ROFSH	4/	ADDRESS 1708	WHITE	EHEAD	RD	BA	LTIM	PRE	H
_		URIAL, CREMATION, REMOVAL BURIAL				EMETERY OR CREMATORY ON NATIONAL		INGTON		COUNTY	VII	RGIN	ΊA

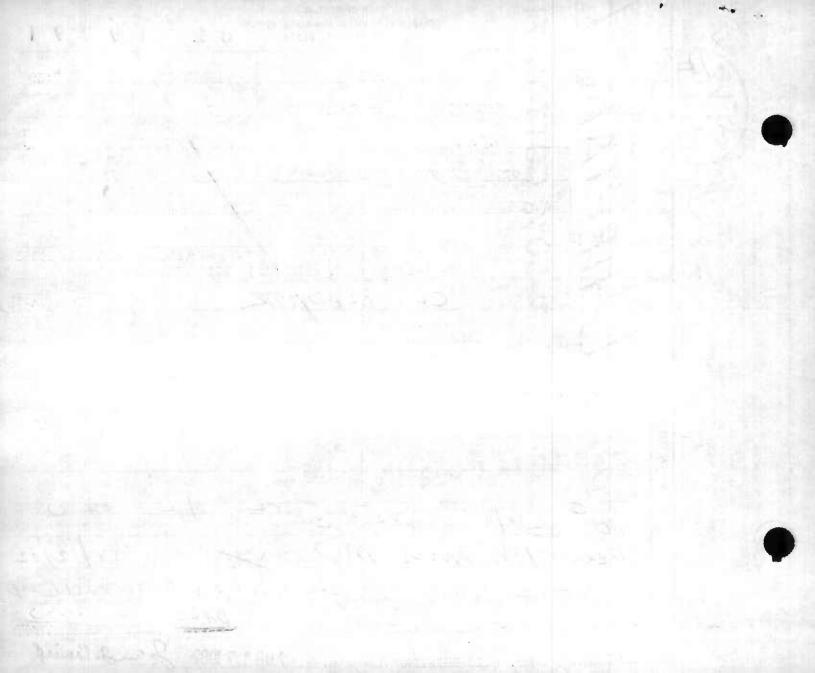
DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

VIRGINIA AUG 1 2 1982 REGISTRAR'S SIGNATURE

STATES AND THE SALE OF THE SECOND STATES OF THE SEC THE THE STATE OF THE TANK OF THE STATE OF TH the state of the s

STATE OF MARYLAND



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10		4
I. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
Georg	e Melvin	Readi	mond, Sr.	Augus	t 20, 1	1982	N M
3. SEX	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	Oc	t. 31, 1907	74	YRS	MONTHS DATS	HOURS MIN,
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	USA	WIDOW		Baltimo	re Co	unty, 1	Md. MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACHITY, GIV	E STREET ADDRESS)		170 USUAL OCCUPAT		INDUSTRY	OF BUSINESS OR
Timonium	2208 Midrid	lge Rd.,	Timonium	Investme	nt Ban	ker 1	Banking
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO			13d INSIDE CITY LIMITS?	13e STREET ADDRESS			Md
Md. Bal	to. Time	onium	YES NO X	2208 Mid	ridge	Rd., [	Timoniun
14 FATHER'S NAME FIRST	MIDDLE	451	15 MOTHER'S MAIDEN NA	WE		IA.	51
		dmond	Irene	Annie		ſelvin	
160 WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDR	b	rooke	Rd.
No	213_	10-7829	Mr. Ronald	W. Readm	ond,	107 Ch	arles-
18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per line for (a),					BETWEEN	MATE INTERVAL ONSET AND DEATH
	ATE CAUSE (o)	elasini	· Greinoma			V3 N	NOS.
1771	DUE TO, OR AS A CON	ISEQUENCE OF					
Canditians, if any, which	(b)						
couse (a), stating the underlying cause lost.	DUE TO, OR AS A CON	ISEQUENCE OF					
	(c)						
Z PART Z OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	IDITION GIVI	EN IN PART 1	0,
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	20h IF YES	, WERE FINDI	NGS LISED
DFI.				YES TO NOT	IN CERTIF	YING CAUSES	OF DEATH?
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR				NO 🗍
00.000.000.000.00							
OR CONTRIBUTING CAUSE OF E	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC )	STREET	CITY OR TO	OWN	COUNTY	STATE
	pital) attended the deceased						that (I) (we) last
	not) view the bady after death.	_19, o	nd that in (my) (our) apinion	death accurred on the c	late and haur	and from the	couses stated
276. SIGNATURE SAC	211		DEGREE	MEDICAL CT		22t. DATE	SIGNED
V CA	(VI 0			DIRECTOR PHYSI		V8/	21/82
22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				

DHMH - 16 50M 1/81 (VRA 15, 4)

236 DATE 8/23/82

Timonium, Maryland Dulaney Valley Cem.

Lemmon-Mitchell-Wiedefeld, Pres 10 W. Padonia RdAU623 1982

23c. NAME OF CEMETERY OR CREMATORY

1205 York Road

Association of the state of the The second of military T . By a real a suggest to the court of the contract provide a later the control of the c

About 1 to a contract of the c

	1		ST	ATE OF MARYLAND		
	1.	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYGI FIFICATE OF DEATH	ENE 8 2 1	9 9 9 3
		CEASED NAME FIRST	onge John Re	bhan Sr.	20 DATE OF DEATH MONTH	20 82 834 N
	3. SE	male		EOF BIRTH DAY YEAR 12 34 16	6 AGE (INYEARS LAST BIRTHDAY)  G 5 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN
33		IRTHPLACE (STATE OR FOREIGN COUNTRY)  MD		RIED NEVER MARRIED	9 BALTIMORE CITY <u>or</u> coun Baltimore Co	
55	R	andallstown	11. NAME OF HOSPITAL, NURSING HOM (IENOT IN SUCH FAGING GIVE STREET ADDRESS) Baltimore County Ge	neral Hospital	120 USUAL OCCUPATION (TYPE OF WORKING Self-employed I	
age 25	130. 3	Balt	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ITY 13. CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	3804 Dovedo	
30		ATHER'S NAME FIRST  George M  WAS DECEASED EVER IN U.S. AR	ichael Rebhan  Med Forces? 166 Social Security No	15 MOTHER'S MAIDEN NAM	MIDDLE	Stetler
the media		YES NO OR UNKNOWN) (1F YES, GIV	$\frac{VEWARORDATES)}{II}$ 2/6 10 576  Thy one cause per line for (a), (b), and (c).	Mrs.	Evelyn K. Rebl Ct., Randallst	town, MD 21133  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar other traumotic even	NOI	Canditions, it any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH B		NAL DISEASE OR CONDITION G	BIVEN IN PART Ita
Z Z	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEA	AR :	ED (ENTER NATURE OF INJURY IN ITEM 18	S PART I OR PART 2)
is marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
_		saw the deceased alive an above, (I) (a e) (did) (did no	atal) attended the deceased from 19 82 -	and that in (my) (and opinion de	eath accurred on the date and ha	
		226 SIGNATURE  Nonchal  22d PHYSICIAN'S NAME (TYPE O	Ca. Leve		MEDICAL STAFF	8/20/82
IMPORTANT: If them 2	-	Pharman	2 Marshall A.L.	220 ADDRESS	W. 46+4	54 Balto, MI
		BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	8/23/82 Lake V	FCEMETERY OR CREMATORY iew Memorial Pk		Carroll MD
81		NAME	ng Byers Funeral Dire Randallstown, MD 2	ectors, India Date	24 1982 Fredit	STRAK'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

As as as a series of the serie the second secon IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	ITICATE OF DEATH	REG. NO	)		
	ECEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	BEU	JLAH	C. REC	KORD	August	20, 198	32	9:30 A
3 SE	Female	4 RACE Whit		TE OF BIRTH Nov. 14, 1897	6 AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	MATYLAND  Maryland	76 CITIZEN OF	Α 1	RIED NEVER MARRIED	9 BALTIMORE CITY O Baltimor	R COUNTY OF		MD
10 C	Towson	(IF NOT IN SUI	HOSPITAL, NURSING HON CHEACILITY, GIVE STREET ADDRESS) LY TOWSON NUT	sing Home	12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOmemak		126 KIND C INDUSTRY	F BUSINESS OR
130 5	ALRESIDENCE (IF NURSING HOME STATE 136 CO Maryland Bal	UNTY	13c City or town Towson	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7518 Far	Hills	Drive	
	ATHER'S NAME FIRST Stephen	MIDDLE E	Cockey	15. MOTHER'S MAIDEN NA Mary	MDDLE ADDLE	K	(ane las	ī
	WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. A		212-22-7855	Mrs. Ann Qu	ante 7518 Fa		s Driv	7e
	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last.	(b)	R AS A CONSEQUENCE O	ZED A.S.C.V.D.				
NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	OITION GIVEN	N PART 110	1
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES	IGS USED OF DEATH?
_	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DAY YE	21c. HOW INJURY OCCURI			-	100
ICAL		71e PLACE	OF INJURY	211 LOCATION	1		COUNTY	STATE
MEDICA	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, FARM ETC.)		CITY OR TOV	VN .	nr.	
8	WHILE O NOT WHILE O	pital) attended th	e deceased from Au		to	. 19_		that (I) (we) lost
8	WHILE NOT WHILE 22a.1 certify that (I) (this has	pital) attended the	e deceased from Au	g 6 19 82 and that in (my) (aur) opinion of the deferment	to	te and haur on	d Iram the c	auses stated

(SPECIFY) Burial Jessop s Methodist

Baltimore

Maryland

24 FUNERAL DIRECTOR

FOR STATE

Ruck Towson Funeral Home, Inc. 1050 York Road

8/23/82

736 DATE REC'D. BY REGISTRAR 21 A STRAR 3 STRA

the first of the second of the 2002 , 72 2002 1504 .... 180. .... 180. The recording the production are of constant according Control of the second of the s Stage on E. Compare Berry Service Compared Min-11-753 Has. New York berill for Mills Substantia Contract C. - Council H.H. This Tour Tour And the compared to the color of course their beautiful Buce You son on arms oney I a. I st rove your a the printing of the Collins. requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 71 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

page 3

	FOR TATE			STATE OF MARYL	MENTAL HYGII	ENE 8 2	1	9 9	0 5	
	REGISTRAR			ERTIFICATE OF D		REG. NO			, ,	
	1 DECEASED NAME FIRST (TYPE OR PRINT)		arie	Redding			ug. 16,		b HOUR	
	3. SEX	4. RACE		DATE OF BIRTH		AGE (IN YEARS LAST BIR		INDER I YEAR II	F UNDER 24 HRS	
V	Female	Wh	ite	July 3, 19	POI	81	YRS	HS DATS F	HOURS MIN.	
	o. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsylvania	76 CITIZEN OF W	A N	ARRIED INEVERA	AARRIED	Baltimo Baltimo			MD.	
12	Essex 21221	(IF NOT IN SUCH	OSPITAL, NURSING H FACILITY, GIVE STREET ADDRI TVILLE ROA	ESS)	ITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE)	126 KIND OF E INDUSTRY Home	BUSINESS OR	
1			IVE RESIDENCE BEFORE ADM 34 CITY OR TOWN ESSEX	134 INSIDE C	NO 🗶	3. STREET ADDRESS 20 E Orvi	lle Ros	ad 2122	1	
	14 FATHER'S NAME FIRST Sylv	ester Haw	last <b>n</b>	15. MOTHER'S	MAIDEN NAM	Margaret	McMaste	last er		
		ARMED FORCES?	66 SOCIAL SECURITY		17 INFORMANT ADDRESS					
	No	-	196-18-54	00 Charle	s F. Re	dding	Same			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per li	ne for (0), (b) and (c)	///				APPROXIMA BETWEEN ON	SET AND DEATH	
	Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse last)  PART 2 OTHER SIGNIFICAN	(b) DUE TO, OR (c)	AS A CONSEQUENCE	OF	TO THE TERMIN	hal disease or conf	DITION GIVEN	IN PART 110		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITI	ON FOR WHICH OPE	RATION WAS PERFO	RMED	200 AUTOPSY?	IN CERTIFYIN	ERE FINDING G CAUSES OF	F DEATH?	
	21g. ACCIDENT WAS UNDERLYING	21b TIME OF	IN H IPV	Tale HOW IN	LUBY OCCUPE	YES NO	YES [			
7	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	. MONTH DAY	YEAR		D (ENTER NATURE OF INJUR	CY IN REM 18 PART	I ORPARI 2}		
	21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	21e PLACE O	FINJURY T, FACTORY OFFICE FARM I	7H. LOCATE	N C	CITY DATO	W/M	COUNTY	STATE	
	27a. I certify that (1) this has sow the deceased give above (1) (we) chall and 22b. SIGNATURE	//	7. 6	DEGREE		mEDICAL STAR	_	the different the could be seen that the coul	and a second	
	Clayton L.		In M.D.	22e ADDRES	S	n Square D		7		
	23a BURIAL, CREMATION, REMOV.			E OF CEMETERY OR (		123d LOCATION	- • ~_~ )	-		
	Burial	9-19-8	20	ed Heart			ore Co.	Marv	land	
(	74. FUNSANDERE SC	Migh	zente		25a. DATE	REC'D. BY REGISTRAR				
	brazdzinski fune	ral some	1407 01	d Eastern	Ave. A	ING A ADDO	0 .		· ·	

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29 Port C L Comment of the C the second of th The state of the s which was a superior and the superior The property of the second sec 

1		STATE REGISTRAR						MENT C				CATE		ATH	2	G. NO.	1	9	9	9 6
1	I. DEC	EASED NAM	E	FIRST			MIDDLE			LA	sf			20. DATE	KNOW ESTI-		MONTH	DAY	YEAR	1.0
1	,,			RICHA	ARD		S.			RI	EEDY				H MATE	D K	8	4	19 82	
P	M	ale	4 RAC	E	5 DATE	OF BIRTH	53 <sup>x</sup>	6 AGE (I	THDAY) YRS.	MONTHS		HOURS	R 24 HRS	PRONOL DE A	JNCED		момтн	4	19 82	6.1
ŀ		RTHPLACE I		N.	76 CITI	ZEN OF W			11(3.	AADDIED	D NIS	VER MAR	DIED XX	9 BALTI	MORE C	ITY OR	COUN	TY OF		1 0
ľ		ew Jer				USA				DOWE		DIVOR		Balt	imor	e C	oun'	ty		
		atonsv			(IF NO		ACILITY, GIVE	URSING HO		OTHER	RINSTITU	TION	FOI	UAL OCC	ORKING LIFE		OF WORK	B&c(	ND OF B	SUSINESS TRY 1roa
		L RESIDENCE		136 COUN	OR OTHER IN	STITUTION G	IVE RESIDEN			13	3d INSIDE (	ITY LIMITS?	38	REET ADD	RESS PARAGE	Dr	ive			
1	4 FA	THER'S NAM	E Jac	k	WIDDLE			edy				ER'S MAIL	DEN NAM		MIDDLE E			tert	LAST	
a server		AS DECEASI	ED EVER				16b. SC	LI-6H-			7. INFOR			San		RESS				
		18 CAUSE (	OF DEA	TH (Enter a)	nly ane ca	use per line		b), and (c).)	n 27	4 4	7511Ce -	intov	icat	ion						SET AND DEA
		20	140	IMMEDIA				NSEQUEN		ia a	rug .	Intox	icat	ION				+		-
l				any, which	. 1	(b)														
			a) statin	immediate g the <u>under</u>			R AS A CC	NSEQUEN	CE OF	П										
	7	PARI 2 OTHER S	SIGNIFICA	NI CONDITIONS	CONTRIBUTI	NG 10 DEATH	BUI NOT RE	LATED TO THE	TERMINAL	DISEASE O	OR CONDITIO	N GIVEN IN I	PART 1 (0).							
	ATIO	19a. DATE O	F OPER	ATION	T	96 COND	ITION FO	R WHICH O	PERATI	AW NC	S PERFOR	MED?		-				20	AUTOPS	,Y?
	TIFK							-									•	_	YES 🔀	NO [
	MEDICAL CERTIFICATION	210 EXTERN UNDERLYIN CONTRIBUT				1b. TIME O HOUR A.A P.A	A. MONT	H DAY Y	EAR	≀Ir. HOV	W INJURY	OCCURE	ED (ENTE	R NATURE OF	INJURY IN IT	EM 18 PA	ART 1 OR P	ART 2)		
	MEDI	21d. INJURY	OCCUP	RRED			OF INJUE	RY (ATHOM	2	II LOCA				CITY OR	IOWN		co	YIMUC		STAT
				I taak char			scribed o		n Suicid	Autopsy	XX	Inspecti		Inquir	,	ond	l in my a	pinian		49
		death resul		h	ural cause:	7	Acciden		JUICIO		TITLE (S	SPECIFY)				,	DATE		8-4-	22
1		SIGNATURE EXAMINER'S	NAM	/\ '	Ann I	1. 101	von	M.D.	\			istar 11		n St		al to			1	
l	23a B	(TYPE OR PR	-	N. P.				NAME OF	CEMET		CREMAT			OCATION		1010				
	(5	PECIFY)	Bur	ial	8/7/	82		Loud					CIT	altin			COL	Mar	rylar	nd .
1		UNERAL DIRE		Witz	ce, P	- A BORES	s							Y REGISTI		REGIS	TRAR'S			
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		phoen on 199	6559-18-87S		

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

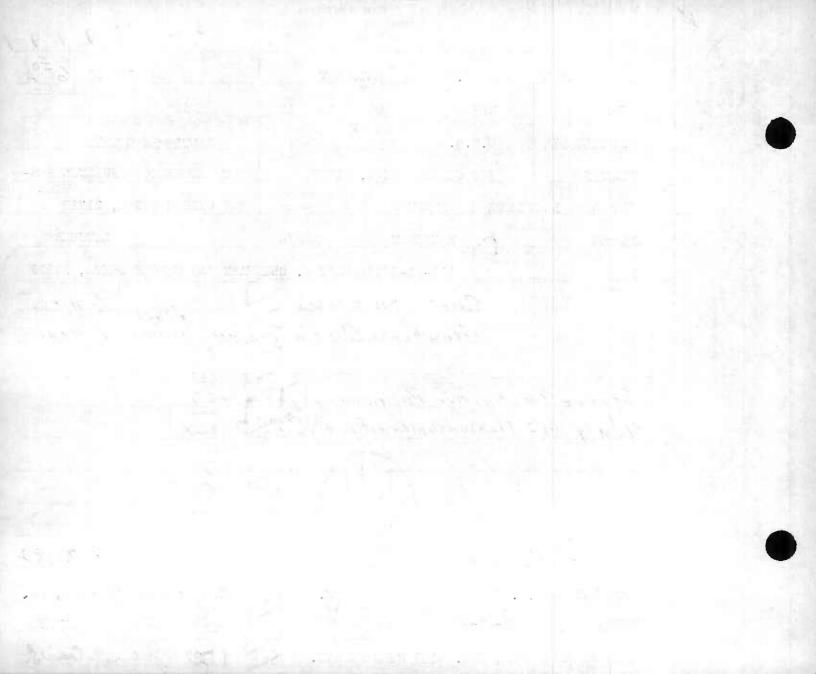
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 1/81

(VRA 15. 4)



(VRA 15, 4)

STATE OF MARYLAND

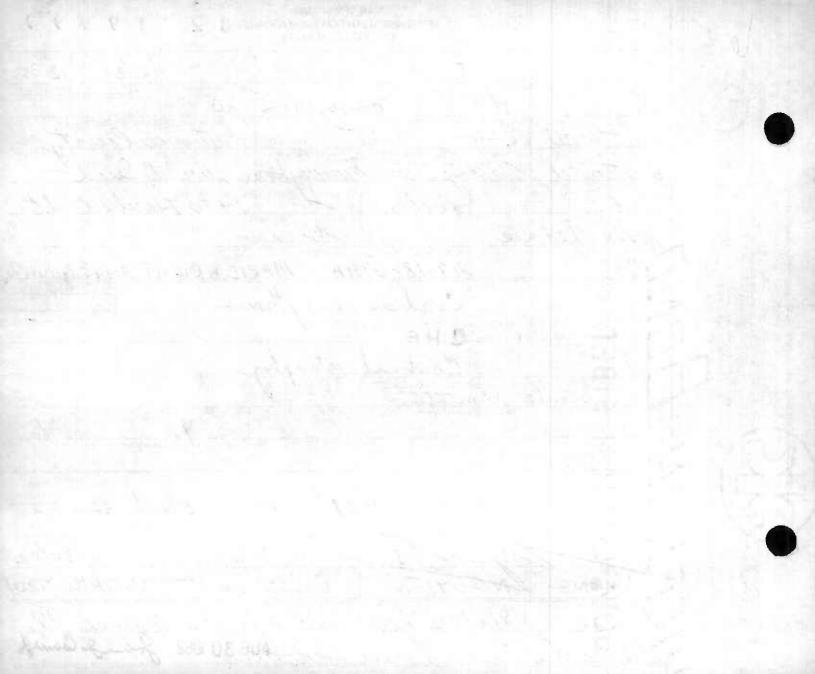
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BALTIMORE COUNTY		
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THE STATE OF THE S	AN SIA 100 NO FRANCES	
28 23/2 5	8/10 8 8/25 82	
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	1.	FOR - STATE REGISTRAR	DE	EPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	FIENE 8 2	19	9 9	9
	1. DE	CEASED NAME FIRST Charl	MIDDLE		Rennie	20 DATE OF DEATH	8/28/22	R 2b. HOUI	R 20
	1.58		4 RACE	S. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIR	THEAT PUNCER IN		
-	/ P	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	Jas	C16.1902	80	YRS		WIN
3		Partimore	USA	MARRIE	DEVER MARRIED DIVORCED	Baltimore City	COUNTY OF DEATH	rti.	MD.
16	10 C	Ractemar)	11. NAME OF HOSPITAL, I	NURSING HOME		126 USUAL OCCUPATE	ON 12b KIN DE WORMING LIFE INDUST	D OF BUSINES	
5	恵と	RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GARAGESIDENI NTY	CE BEFORE ADMISSION) IR TOUVIN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Youker	t si	+
00	15	olin Roan	MIDDLE LA	AST	15. MOTHER'S MAIDEN NAM	ME		LAST	
2	0	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT  11 A MA	PIF WPIG	HT 3044	Elague	-a
	ATION	Conditions, if any, which gave rise to immediate couse Iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (  SUMMER SIGNIFICANT (  SUMER SIGNIFICANT (  SUMER SIGNIFICANT (  SUMER SIGN	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	HE NSEQUENCE OF STUCAL NG TO DEATH BUT	0	NAL DISEASE OR CON			
2	CERTIFICATION	THE OF OPERATION	198. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, WERE FIN IN CERTIFYING CAU YES		
2	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no	ATH HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY.  ata1) attended the deceased	OFFICE FARM. ETC.)  fram	21c HOW INJURY OCCURR 211 LOCATION SHIPT  19 10 that in (my) (our) opinion of physician of physi	corron to	28/ 19/22 ate and from 220. D.	that (I) (w	
10	-	224 PHYSICIAN'S NAME (TYPE O	LAHONY	EN	22e ADDRESS	MU) CT	TOWCHU	1021	201
1	23a. B	BURIAL, CREMATION, REMOVAL	13b. DATE 8/31/82	23c. NAME OF C	EMETERY OR CREMATORY  Cackada	23d LOCATION CITYOFFOWN CITYOFFOWN PRICED BY REGISTRAR 16 30 1982	COUNTY St. REGISTRAR'S SIGN	L Pl	4

DHMH - 16:50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached to use as the burial-trains! permit. Then pieces remove carbon-papers. Pages with the State Dept. of Health and Mental Hyg-ene prior to beinal, cremation, or removal. MPDRTANT. If them 21 is marked against 18 shows any injury, or other traumatic event, they in

TO HOSPITAL OR ATTENDING PHYSICIAN. The law stored by the hospital or ottending physician.



Wm.C. March F/H 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

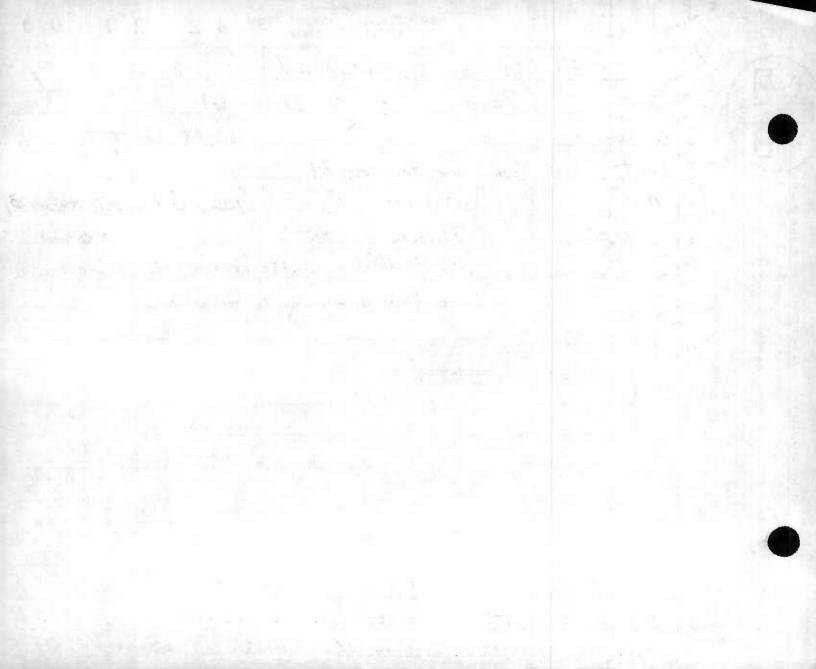
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)



Towson, Maryland

(VRA 15, 4)

Ruck Towson Funeral Home, Inc.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	ROSALYN RIDDLE		RICHARDSON	August 1, 198	DAY YEAR	26 HOUR	
3. SEX	4. RAC	E	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS
Female	e V	White	August 21, 1920	61 YRS	MONTHS DAYS	HOURS	MIN.
76. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTY) POUNTRY) V.S.A.		MARRIED ANEVER MARRIED	Baltimore Coun Baltimore Coun		- ANT		

10. CITY OR TOWN OF DEATH 28 Rose Petaret Ceress Baltimore

Maryland

4 FATHER'S NAME

CERTIFICATIO

MEDICAL

Baltimore

WIDOWED

YES |

13d INSIDE CITY LIMITS?

NO

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ASS WOTTES OF Savind SDEANK of Balto

28 Rose Petal Court

15 MOTHER'S MAIDEN NAME Enrico MIDDLE MIDDLE Johanna Lanci Vecella 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! 219-07-4961 Mr. Jack G. Richardson, same as #13e

PART I. DEATH WAS CAUSED	D BY: E CAUSE (a) Metastatic Breast Carcinana
1/7/	DUE TO, OR AS A CONSEQUENCE OF
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF

211 LOCATION

St. John's Cemetery

STREET

190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	200 AUTOPSY?		
			YES NO	
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		21c HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the degeased from

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

ddave, (i) (we) (did) (did hat) view the bady after death		
22 SIGNATURE	DEGREE	
Dais M Hal	mo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADD	RESS

Burial

sow the deceased alive ar

22e ADDRESS

Davis Hahn,	M.D.	Good Samari	tan Hospita
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION

24 FUNERAL DIRECTOR ADDRE 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

8-4-82

Long Green, Maryland

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO T

STATE

YES T

RY IN ITEM 18 PART I OR PART 2)

DHMH - 16 50M 1/81 (VRA 15, 4)

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and Mental Hygi

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STATE	OF	MARYL	AN

ш	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.				
1	DECEASED NAME	FIRST	MIDDLE		EAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	_
1		ADELINE	F.	RID	GELY		08	27	82	1	PM
3	SEX	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNE	DER I YE'MR	IF UNDER 24	_
	FEMALE	WH	TTE	04		85	YR:	MONTH	DATS.	HOURS /	MIN,
T	BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIS	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	ITY OF D	EATH		
L	MARYLAND	U.S	.A.	WIDOW		BALTIMOR	RE CO	UNTY			MD.
T	CITY OR TOWN OF DEAT	H 11, NAME OF	HOSPITAL, NURSING THEACILITY, GIVE STREET A	DORESS)	OR OTHER INSTITUTION	124 USUAL OCCUPAT	ION OF WORKING	12		F BUSINESS	
4	CATONSVILLE				S LANE	HOMEMAKE	2		-		
1	SUAL RESIDENCE (IF NURSIN 30 STATE MARYLAND	BALTIMORE	13L CITY OR TOWN  CATONSV	1	136 INSIDE CITY LIMITS? YES NO K	APT. 801	815	WINT	2122 TERS	LANE	
14	FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME					_
1		N K N O W N	LAST		DORA	WIDDIE	1.0	(	CRAME		
10	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS SE	EVERN	N, MI	).	
L	NO		213-12-83	378	M. FRANK RID	GELY 7895	PAV]	LION	N DRI	EVE	
	Canditians, if any, gove rise to imme cause (a), stating underlying couse	which ediote the last	R AS A CONSEQUENT RAS A	NCE OF	MYOCARDIA WD cld	YPERTER	US 100	V	10	70	2
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDE	ON 196. COND	ITION FOR WHICH C	PERATIC	N WAS PERFORMED	206 AUTOPSY? YES NO	20b. IF	YES, WER	E FINDIN CAUSES	NGS USED OF DEATH?	,
	216. ACCIDENT WAS UNDERLYING					RED (ENTER NATURE OF INJU	IRY IN ITEM.	8 PART 1 O	RPART 2)		
	WHILE NOT WHILE AT WORK	E T (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	C	OUNTY	STAT	E
	sow the deceased abave, (1) (we) (did	this hospital) attended the dative on discount the bady	24 198	1-1	nd that in (my) (and opinion of	to 8 - 2 death occurred on the o	7 ate and h	, 19_	from the	that (1) (we)	lost d
	226 SIGNATURE	Afri	man	ne	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	2	PATE	SIGNED 28/8	2
	22d. PHYSICIAN'S NAM	ME (TYPE OR PRINT)			22e. ADDRESS						
		KLEIMAN, M			3803 EDMON	DSON AVENU	Ξ				
11 7	REPLATE CHEMATION P	EAA/NI/AI 1996 PATE	1 72. NI	MAKE OF C	EMETERY OR CREAMATORY	224 LOCATION					

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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ould be detached for use as th the State Dept. of Health

MPORTANT: If He

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HUBBARD FUNERAL HOME,

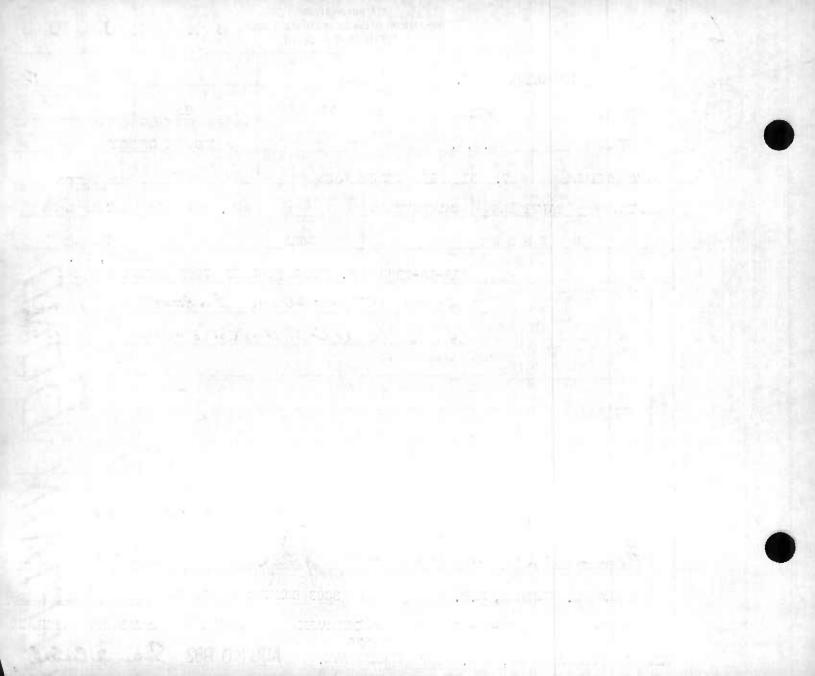
24 FUNERAL DIRECTOR 21229 4107 WILKENS AVE. INC.

08-30-82

WOODLAWN

BALTIMORE

LORRAINE PARK



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

etained by the hospital or ottending physician.

BP. DHMH - 16 50M 1 (VRA 15, 4)

				STATE OF MARYLAND		
	FOR STATE REGIST	RAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	G 6.4	20004
7	DECEASED		MIDOLE	LAST	REG. NO	
	TYPE OR PRINT)	TRUM		RITTER	08	7 10 82 2 17A
3.	SEX	, , , , , , , , , , , , , , , , , , , ,	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
	BIRTHPLAC	nale	White	02 19 191	63	YRS
35	COUNTRY)	Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		RECOUNTY OF DEATH BAHING
35	RANG	ALISTIVISM	11. NAME OF HOSPITAL, NURSIN (IF NOT) SUCH EACILITY, GIVESTREET	ADDRESS) HOSPITAL	120 USUAL OCCUPATE	F WORK ING LIFE) 17b. KIND OF BUSINESS (INDUSTRY
35 13	SUAL RESIDE	NCE LIF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW		13e STREET ADDRESS	Daniel Pd
2011	FATHER'S N	AME RST AA	AIDOLE AST	15 MOTHER'S MAIDEN NA		Obgunsa Na
20		MAN C.	S. Ritter	Hn)	ne G.	SAUTER
160	(YES NO OR	ASED EVER IN U.S. ARA	WAR OR OATES) 218 14 1	1667 MARGARET	Ritter -	Woodlawn, Md
	18 CAU	E OF DEATH (Enter onl I. DEATH WAS CAUSED	y one cause per line far (a), (b), and	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	FARI		CAUSE (0) CARDIC	GENIC SHOC	K.	
	1 7	100	DUE TO, OR AS A CONSEQUE	ENCE OF		
		ons, if ony, which	( (b) My	OCARDIAL IN	FARCTION	)
	cause	io, stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
2	PART 2	OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
Segrification	190 DATE	OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
54 8	Ē				YES NO	YES NO
100	ORCONI	DENT WAS UNDERLYING UNDERLYING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}
MEDICAL	21d. 1NJU	RY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TO	NN COUNTY STATE
3	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	ARM EIC)		STATE
	saw	the deceased alive an_	al) attended the deceased from	2 and that in (my) (aur) opinion (	, to	te and hour and fram the causes stated
	22b. SIGN		Thew me sady unter deam.	DEGREE		22c. DATE SIGNED
	Hamil	Spi	42/28	M.D ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 8-10-8.
T	22d. PHY:	CICIAN'S NAME (TYPE OR	A CONTRACTOR OF THE PARTY OF TH	BALTIMO	RE COUNT	GIENERAL, Hac
1					me me me	
230	BURIAL, CI	REMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OF CREMATORY	23d LOCATION	
230	BURIAL, CI	REMATION, REMOVAL	23b. DATE 82 13c N			Istoria Balta sin

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS Elizabeth Robinson August 2,1982 7:28 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) JE LINDER I VEAR Jan. 14.1884 Female White BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Co. Maryland IISA WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Towson Presbyterian Home of Maryland Practical Nurse SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) PL COUNTY Balto. 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 2717 The Alameda21218 Maryland YES X NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

MIDDLE Thomas Robinson Sarah Oliver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIEVES GIVE WAR OR DATEST No 220-20-5662 Rosa Lee Robertson, Adm. Pres. Home of Md 8 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY ARDIO Pulmonory Assest MIN IMMEDIATE CAUSE (o APPLACO Selenotie CARDIOVASAULAN D Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19n DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES F NO [ 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY

22a.1 certify that (1) (this hospital) ottended the deceased from, and that in (my) (and apinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE ATTENDING MEDICAL

22e ADDRESS

Grove Pres. Ch. Cemt.

22d PHYSICIAN'S NAME THE CHARME Sidney J. Venable, Jr. M.D.

7215 York Rd. Balto. Md.

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE (SPECIFY) ITY OR TOWN

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

7/4/82 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

PHYSICIAN DIRECTOR PHYSICIAN [

CITY OF TOWN

Aberdeen

Md.

HMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

CERTIFICATION

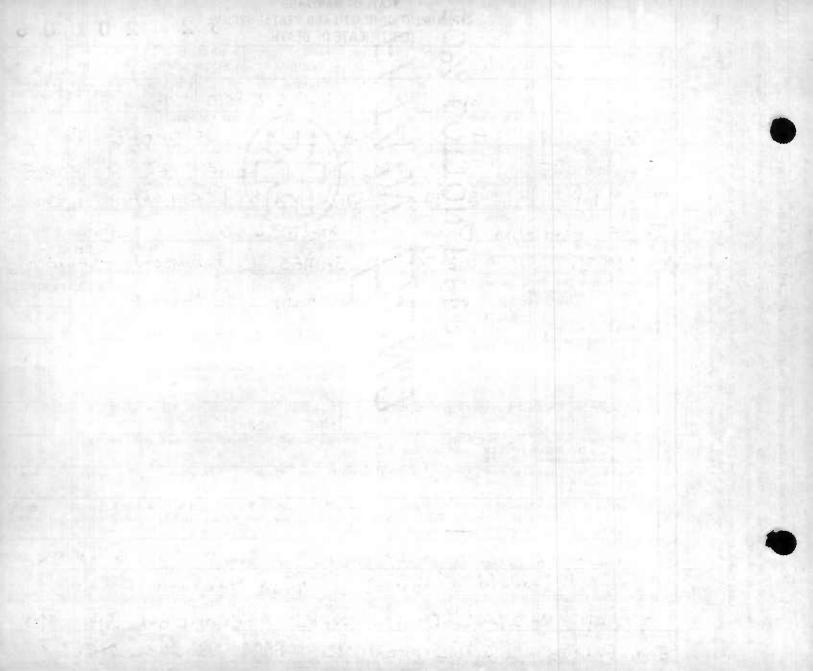
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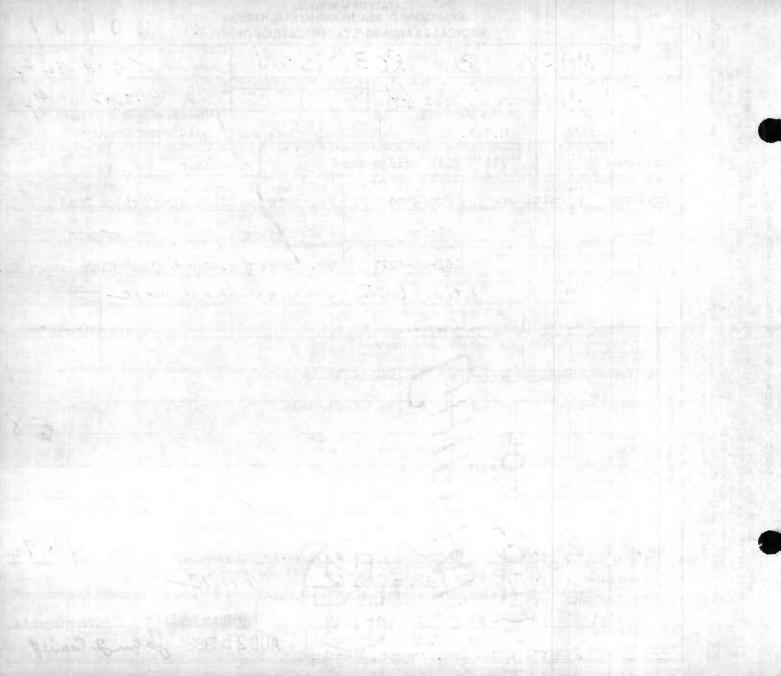
COUNTY

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1			1	STATE OF MARYLAND
P		1		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 0 0 0 6
		Page 1		receased. NAME First Property Middle Robinson 20. Date OF DEATH Aus, Month 25 Day 1882 26. HOUR Aus, Month 25 Day 1882 2 Am
	h. Page	h the star	3. S	Female CAUC. S. DATE OF BIRTH APR. 29, 1870 6. AGE (In years lost birthday) APR. 29, 1870 1975 1975 1975 1975 1975 1975 1975 1975
	ofter death.	-		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BATMORE C6. Md.
1201	ors or	Old be	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  BATIMORE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  during most of working life, even if retired.)  HOMEMAKER  12b. KIND OF BUSINESS OR  INDUSTRY  HOMEMAKER
LAND 21	hin 24	3 3		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lission) STATE MD 13b. COUNTY BALTO BALTO 7419 PARK DR.
, MARY	0	Poges 1 on	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost  TESSE FRANKLIN DIGGS MELINDA SPIES
TIMORE	e ex	with		1. WAS DECEASED EVER IN U.S. ARMED FÖRCES? Yes, na, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  213-74-4670 JAMES C. Robinson -Same-
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	the death certificate	by the attending physic n please remove carban removal, and in any ev		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CORDS, 301	requires †	t permit. Then cremotian, or r	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO SY  AUTOPSY?  CAUSES OF DEATH?
VITAL RE	0 5	iol,	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.)  (If either, notity medical examiner)  P.M.
ON OF	physician: The ottending physici	the burial-th	ME	21d. INJURY OCCURRED While Not while of wark 1 wark
DIVIS	NG	for use os		22a. I certify that (I) (this haspital) attended the deceased from
1/	OR ATTENDI	DIRECTOR: detached fo and Mental		22b. SIGNAPORE  22b. SIGNAPORE  ATTENDING MED. STAFF DIRECTOR PHYS.  22c. DATE SIGNED
/		FUNERAL D	72.0	NAME (Type) R Donald Vandort 1403 Hartord Rd.  Burial, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
nne	ا ا	o 10 10		REMOVAN(Specify) 8-27-82 DOUBLE CREEK CRUMSTON OF MD  PUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE
VVV		6 1/7† 30M (VR A†5 (4))	1	DW. Fellows + SON MILLINGTON MD DATSEP 7 1982 John & Coming

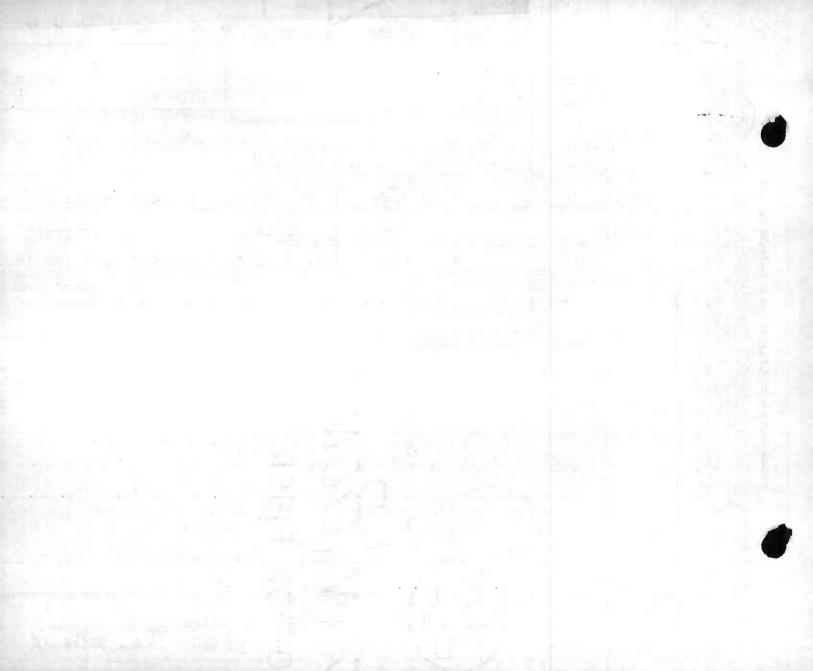


~ 1				OF MARYLAND			
者 6 1.	FOR STATE		DEPARTMENT OF HEA			20	007
10	REGISTRAR ECEASED NAME FIRST	ME	MIDDLE MIDDLE	SCERTIFICATE		G. NO.	4 4 4
(1	YPE OR PRINT) MA	2y 1	3. ROI	31NS01	20. DATE KNOW OF ESTI- DEATH MATER		4 19 82 6 PM
3. SI	F A.RACE	5. DATE OF BIRTH MONTH DAY March 12,	1914 OYRS.	IF UNDER TYR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	8/24/82	DAY YEAR 2d. HOUR
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WI	M	AARRIED   NEVER MAR DOWED DIVOR	RIED U	ore County	
	reeland		PITAL, NURSING HOME, OR STab Bridge		12a USUAL OCCUPATION FOR MOST OF WORKING LIFE HOMEMAKET		OR INDUSTRY
13a.	JAL RESIDENCE (IF IN NURSING HO STATE 136 CO aryland Ba	ME OR OTHER INSTITUTION, GI UNITY altimore	VE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Freeland	13d. INSIDE CITY LIMITS?		h Bridge	Road
14.1	FATHER'S NAME FIRST Daniel	MIDDLE F.	Blaine	15. MOTHER'S MAIL FIRST Kather	DEN NAME	Z/B/seats	tast Owan
16a.	WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	161-26-6227	). I7. INFORMANT	ADD reen R. Sacco	RESS	JUNE BU
NC		(b)	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL D	IISEASE OR CONDITION GIVEN IN I	PART T (a).		
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?		2	20. AUTOPSY?
	LINIDEDIVINIC		MONTH DAY YEAR	t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE ( STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	f. LOCATION STREET	CITY OR TOWN	COUNTY	Y STATE
	22a. I certify that I took ch death resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	orge of the remains des	cribed obove, held an A Accident , Suicide	M.D. Dep	undetermined manner [  MEDICAL EXAMINER	and in my opinic , DATE SIGNED	925/82
230.1	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	236. DATE 8-28-1982	23c. NAME OF CEMETE		23d LOCATION CITY OR TOWN Edwardsvil	COUNTY	STATE
24.1	FUNERAL DIRECTOR		1	250 DATE	REC'D BY REGISTRAR 25b.		ennsylvania NATURE
Ru	ICK Towson Fund	ADDRESS	1050 York	Road	UG 2 5 1982	John &	Comiel



3	1 - STAT		#G570	8/17/82 M	DEPART			MARYLAND I AND MEN CERTIFIC		GIENE	12	REG. NO	0	0	0	8
25	I. DECEAS	SED NAME	Mich	elle	MIDDLE		Ro	b i nson			DATE KN OF I DEATH M	OWN X	монтн	DAY	YEAR 1982	2b. HOL
	SEX Fem.	ale B	ACE	S. DATE OF BIRT	TH AY YEAR	6 AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	HOURS		DATE ONOUNCI DE AD	ED	MONTH 8	DAY 14	YEAR 1982	24 HOL 8:0
1	INIRTHI FOREIGN	PLACE (STATE (COUNTRY)		76. CITIZEN OF	WHAT COU			IED NEVE	R MARRIEI			recity or timor	-	TY OF D	DEATH	
6	10. CITY O	R TOWN OF I	DEATH	11. NAME OF H	OSPITAL, NU	STREET ADDRESS	E, OR OTH	ER INSTITUTION	ON	12a USUAL		TION (TYPE		126 KIN	_/	ISINESS RY
3	13a. STATE		NURSING HOME	OR OTHER INSTITUTION	13c CIT	e before admiss y or town 1 t imo		13d. INSIDE CITY	LIMITS?	13e STREET 618		nwoo	d Av	venu	ıe	
1	J	R'S NAME FIRST oseph		WIDDLE		obins			rgini		MIDE			Ste	erre	tt
2	No No	DECEASED EV D, OR UNKNOWN)	/ER IN U.S. AF	RMED FORCES? E WAR OR DATES]	16b. SC	N/A	IY NO.	Virg:		Rob:		n 61	8 G		vood	
		gove rise couse (o) sta lying cause l		e / (b)		NSEQUENCE		E OR CONDITION (	GIVEN IN PART	11:91						
X	CERTIFICATION 1100	DATE OF OP	ERATION					VAS PERFORM	ED?					100	AUTOPSY	PO 🔯
3			OR CAUSE OF	DEATH 7:50	P.M. 8	14 19 8	2	ow INJURY O senger	OCCURRED ON IT	otoro with	cycle	in C	OIII	s i or	1	
N. N.	WEDICAL MEDICAL	HILE NORK A	OT WHILE T WORK		CE OF INJUR FACTORY, FARM,		- 19	STREET KWOOD	Shop	-	Whi	te Ha		Bal 1	to. C	STATE M
12.	AC	22a I certify the eath resulted f	/	for fuser .	describeration	Tek s	vicial v	Homicic TITLE (SPI	ECIFY)	Undetern	Inquiry I	ner .	DATE SIGN		3-16-	-82
2		AMINER'S NA PE OR PRINT)		omas D. S				ADDRESS	111		Str	eet				
	BU	RIAL RAL DIRECTO		8/18/				emoria		Pad. LOCA	ane	255		UNTY	Md	TATE
	Wm	ME		F/H 110	O1 E.	North	Ave		AUG		982	Jo	an,	20	she	A

20M 4/B2



1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1-	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	13	200	1
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26	HOUR
	NORA.	C.	ROGERS.		08 31 82 9	31/ A
3 SEX	FEMALE	CANCACION.	5 DATE OF BIRTH MONTH DAY YEA	6. AGE (IN YEARS LAST BIR		UNDER 24 H
7a. BI	IRTHPLACE (STATE OF FOREIGN )	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	Ireland	USA	WIDOWED DIVORCE	Dall to a second	e Co.	
	Randallstown		anty General Hos	ETYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	USINESS
13a S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN Balt	TY 13c. CITY OR TOW	/N 13d INSIDE CITY LIM	its? 13. STREET ADDRESS 2207 Roge	ne Dr. Apt. 20	04
M	ichael Creaghan	AIDDLE LAST		O Connor	LAST	
0		WAR OR DATES		ADDRE	SS	
N	0	220-30-4	078   Sallie R.	Gardner S	ame	
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	LOSCLEROTIC	ARREST HEART DI	SEASE	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  (b) ART ETC  (c) CONCE	ENCE OF 2003CLEROTIC ENCEOP WITH STINE HEAR	HEART DI		
NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  (b) ART ETC  ONE OF ASSA CONSEQUE	ENCE OF 2003CLEROTIC ENCEOP WITH STINE HEAR	HEART DI		
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (b) ART ETA  DIE O OR AS A CONSEQUE  (c) CON CE  ONDITIONS CONTRIBUTING TO 1	ENCE OF 2003CLEROTIC ENCEOP WITH STINE HEAR	HEART DI	DITION GIVEN IN PART HO  206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
CAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  (b) ART ER  DIE OR AS A CONSEQUE  (c) CON CE  ONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216. TIME OF INJURY	ENCE OF 21 O 3 C L E R O 7 C  ENCE OF WITH STINE HEAR  DEATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED	HEART DI	DITION GIVEN IN PART 110  206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES.	DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse last  PART 2. OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHITE NOT WHITE	DUE TO, OR AS A CONSEQUE  (b) ARTER  DIE OR AS A CONSEQUE  (c) CON CE  ONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ENCE OF 2103C LEROTIC  ENCEOP WITH  STINE HEAR  DEATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  AY YEAR  19  211. HOW INJURY OF THE PROPERTY OF THE PRO	HEART DI	206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT THE MEDIT OF PART 2)	DEATH?
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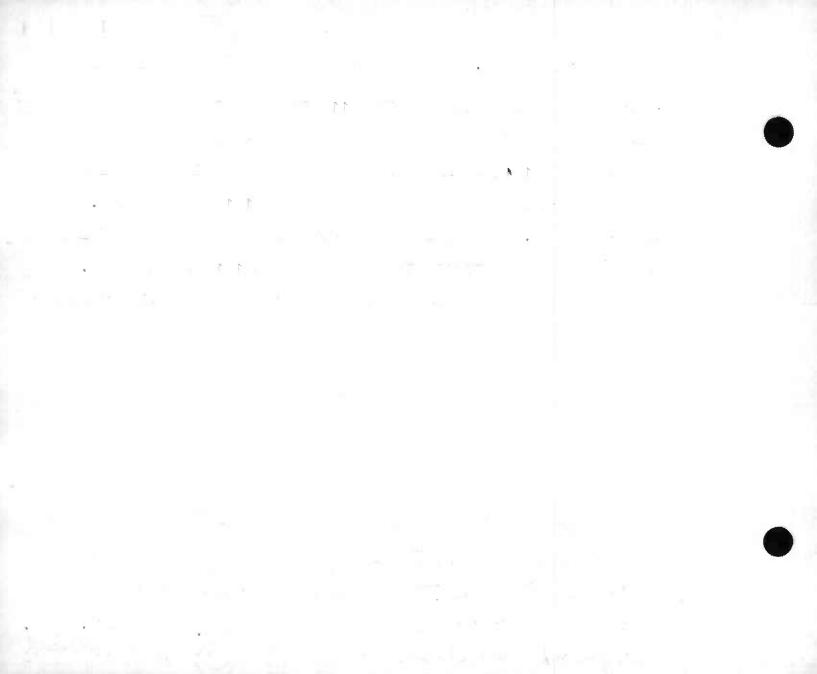
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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STATE OF MARYLAND



	STATE OF MARYL
OR	DEPARTMENT OF HEALTH AND
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AND MENTAL HYGIENE CERTIFICATE OF DEATH

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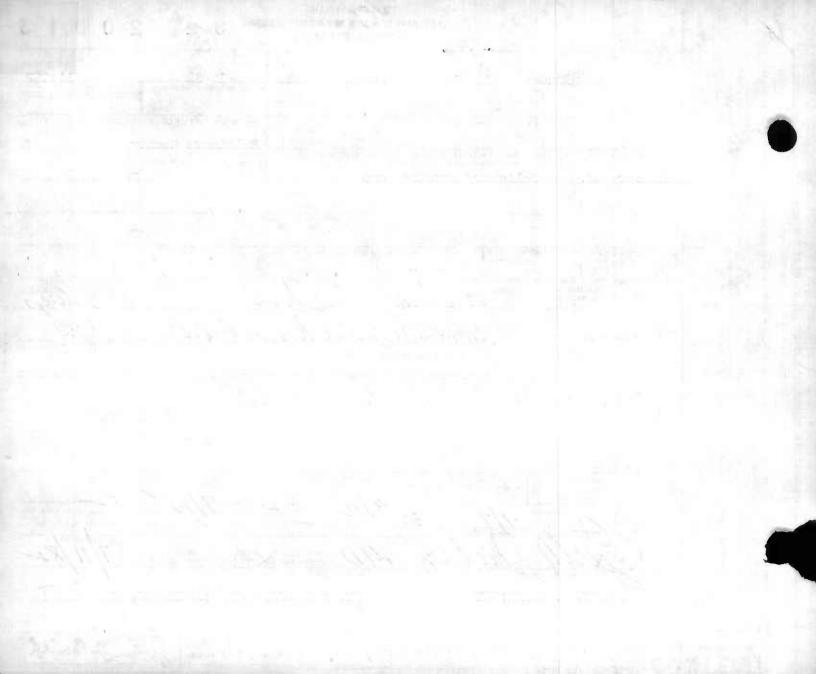
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3. SEX	4 RACE		5. DATE OF B	IRTH DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	
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TO BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN O	F WHAT COUNTRY?	MARRIED [	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
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10 CITY OR TOWN OF DEA		F HOSPITAL, NURSING		THER INSTITUTION	17a USUAL OCCUPA		126 KIND OF	BUSINES	
Catonsvill	e Fred	erick Vil		sing Cente	Housewi	fe	Home	9	
JSUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	I 13c. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDRES	ς			
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FATEdward	Perciv	al LAST	15.	MOTHER'S MAIDEN NA	ME MIDDLE		Scha;	fer	
-Percival		Weedon		Minnie	MIDDLE		Shaf		
160 WAS DECEASED EVER I	IN U.S. ARMED FORCES	P 166 SOCIAL SECUR	ITY NO. 17.	INFORMANT	ADD	RESS	210	-	
No	(IF TES, GIVE WAR ON DATES)	219-22-8	3004 1	Millard Ro	ss 3360-I	N. C	hatham	Rd.	
18 CAUSE OF DEATH	I Enter only one couse p	er line for tal , and	c		-		BETWEEN O	NATE INTERV	
PART I DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)_	Con	Slee	leut	Jalle	-	90		
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190 DATE OF OPERAT	ION 196 CON  ERLYING 216 TIME HOUR HOUR	OF INJURY A.M. MONTH DAY	OPERATION W	AS PERFORMED  HOW INJURY OCCUR	YES NO	IN CERTI	FYING CAUSES (	OF DEATH	
190 DATE OF OPERAT	ERLYING 21b. TIME AUSE OF DEATH ALEXAMINER)	DITION FOR WHICH C OF INJURY A.M. MONTH DAY	OPERATION W	( HOW INJURY OCCUR	YES NO	IN CERTI	FYING CAUSES (	OF DEATH	
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Cremation 8/30/8

24 FUNERAL DIRECTOR
Mac Nabe Funeral Home, DHMH - 16 50M 1/B1 (VRA 15, 4) Catonsville,

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				STATE OF MARYLAND		
		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	20013
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re, page 3	2 551	The Lates where		Ruark  Is DATE OF BIRTH	8-10-82	IF UNDER 1 YEAR IF UNDER 24 HRS
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35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED X DIVORCED		
911		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		12r USUAL OCCUPATION (TYPE OF WORR FOR MOST OF WORK RETIRED OWN	126 KIND OF BUSINESS OR INDUSTRY
1 6		ISBULTY Md.	Salisbury Nursi R OTHER INSTITUTION, GIVE RESIDENCE BEFO		IVECTI EG OMIL	er-Grocery Sto
35	13a S	aryland Wic	comico Salist	VN 131 INSIDE CITY LIMITS?	Rt. 4 Snow	Hill Road
22	) FA	ASDURY	Niblet	t. Hanna	WIDDLE	Parker
the med	0	/AS DECEASED EVER IN U.S. AFES, NO OR UNKNOWN)   IF YES, GN	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-38		Apt.^5950C reston Smith,	, Alabama Ave. Salisbury, Md
permit. I hen please remove carbon po permit. I hen please remove carbon po 8 shows any injury, or other traumatic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  DATE OF OPERATION	Corelis Va	wiges areno	ZOG AUTOPSY? ZOD.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
ntal Hygi		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCU	JRRED JENTER NATURE OF INJURY IN ITE	M 1R, PART 1 OR PART 2)
ked or I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE INDIVIDUAL TO	P.M.  21r. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Hearth a		228 1 certify that (1) (this hasp	oital) attended/16 deceased from	8 4/16 198	2 to 7/10	19 that (I) (we) las
ppt. of		21h SignaTure	ot) were the prody after death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	d have and from the couses stated
uld be detach the State De ORTANT: If		THE PRINT TANS NAME IT AND		22R ADDRESS	TO AID GAT TODA	mu vm 01001
with the State De	23a B	2	BEARDSLEY		ITC AVE, SALTSBI	IRY, MD. 21801



7922 Wise Avenue, Dundalk, MD

1 - STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21222

REG. NO.

Freeman

5 MIN.

NO [

Maryland

STATE

LINDA LOUISE RUDACIELE BALTO, COUNTY CREATER BALTO, MED. CENTER CARDIAG ASYSTOLE DISSERVINCTED METATEATE C DESCRIT

8 20 62 12:Line

E.M.M.E.

JONA PHEND DISSIN MC. C.B.M.C. N.CHARLES ST. BALTO. 2120H

ORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	9
0	REG NO

	1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	。 2	0 0	15
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONIH OF	AY YEAR	26 HOUR
		Will	iam F	rederick	RU	JMPF	August 1,	1982		8:24P M
	3 SE	Male	4 RACE Whi	ite	S. DATE O	OF BIRTH 4. 1906 YEAR	6 AGE LIN YEARS LAST BIR		ONIHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C Baltimore			MD.
1		ossville 21237		HOSPITAL, NURSIN HEACILITY, GIVE STREET / CLIN SQUAT		or other institution spital	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Pipe Fitt	ION	12h KIND OF	business or teel
5	130 S		or other institution unity timore	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Middle R	N	YES NO X	13e STREET ADDRESS 2139 Fire	thorn	Road 2]	L220
C	14 FA	ATHER'S NAME FIRST Joh	n Rumpf	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	usfeld	LAST	
	Iáa V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRI	SS		
	9	YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR OATES	213 07 1	920	Julia E. Ru				
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardiopulmonary Arrest  4292  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b) Coronary Artery Disease								ATE INTERVAL NSET AND DEATH
	4	gove rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Arterioscleratic Cardiovascular Disease								
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING ING CAUSES C	SS USED OF DEATH?
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EV IN ITEM 18 PAR	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	1841	220. I certify that X (this has, sow the deceased above, V (we) (did) (XX) 22b. SIGNATURE				7 31 19 82  and that in (mX) (our) apinion of DEGREE  ATTENDING PHYSICIAN	to August.  Jeoth occurred on the do	ote and hour o	9.82 , the point from the co	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS			1-11.	
		Miguel Rodr	iguez, M.	.D.		9000 Frankl	in Square D	rive	21237	
	23a B	URIAL, CREMATION, REMOVA	735 DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	-	Burial	8_4_8	2 Ho	llv F	Fill Memorial (	and Baltimo	no Co	MO MET	STATE

Old Eastern Ave

DHMH - 16 50M 1/81 (VRA 15, 4)

Bruzozinski Funeral

Home P4 1407

BP.

that the manufacture as a light with the same after all twenty and the contract of the contra of state and a first and a first and a Laborated and residence of the control of Said were the first of the secretary wealth - 3 of the secretary like

STATE OF MARYLAND

YE AR

2b. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IFICALE OF DEATH	REG. 1	NO.	
LAST .	20 DATE OF DEATH	MONTH DAY	
RYAN	A	UGUST 3	

LITYPE OR PRINTS 82 WILLIAM J 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH IF LINDER 24 HRS .MALE 6 1918 WHITE JULY 64 YRS

THE CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED

WIDOWED DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOSEPH HOSPITAL

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY

BALTIMORE COUNTY

BALTIMORE CITY OR COUNTY OF DEATH

la STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET ADDRESS BAL YES T NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

RECORDS

TENSION PNEWMOTHORAY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PILLOUDINARY CHRONIC DBSTRUCTIVE

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 20a AUTOPSY?

21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART TOR PART 2) OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR LE EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC )

19

211 LOCATION

CITY OR TOWN

NOF

COUNTY

NO T

IN CERTIFYING CAUSES OF DEATH?

YES T

22a.l certify that (1) 4this hospital) attended the deceased from \_\_ and that in (my) (com) apinion death occurred the date and hour and from the causes stated saw the deceased alive on 19 82 27h SIRRIMTUR DEGREE 27r DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OF PRINT) HARLES

77e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 23b. DATE

7600 230 NAME OF CEMETERY OR CREMATORY

CERTIFICATION

MEDICAL

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and Mental Hygi

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FOR

COUNTRY ARM

To. BIRTHPLACE (STATE OR FOREIGN

TOWSON

Linn

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse last

21d INJURY OCCURRED

WHILE NOT WHILE AT WORK

- STATE REGISTRAR DECEASED NAME

3 SEX

DHMH - 16 50M 1/B1 (VRA 15, 4)

Fleming Funeral Service

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Benson, Md.

REG. NO

MONTH

2b HOUR

175 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

INDUST

COUNTY

22c DATE SIGNED

(VRA 15, 4)

- STATE

RECUSTRAR

the second second second second second making to second to the second growther and brackets Standard County County

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR . DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-John Robert Salzmann DEATH MATED 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 73 10-24-08 DEAD Male White TO BIRTHPLACE (STATE OR 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Illinois Baltimore County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 00 Overbrook Rd 21212 Baltimore Tool ISLIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n STATE 113b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS X Baltimore 700 Overbrook Rd 21212 Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE Salzmann Robert Lauretta Morrison 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 213--28-4283 Yes Mrs. E.H.Salzmann 700 Overbrook Rd 21212 WWII CAUSE OF DEATH (Exter only one course per life PART I DEATH WAS CAUSED BY DUE TO: OF AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in: OF HEALTH 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES NO [ GE 3 SHOULD BE UNTER DEPARTMENT C 210 EXTERNAL CAUSE WAS 7Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COUNTY STATE NOT WHILE PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian BALTIMORE, EXAMINER'S NAME Charles F. O'Donnell 7501York Rd 21204 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Cremation 8-27-82 Green Mount Crematory Baltimore Maryland 250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Mitchell-Wiedefeld Home 6500 York 15M 2/80

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medical

				STAT	E OF MARYLAND				
	1-	FOR STATE	DEPARTM		HEALTH AND MENTAL HYG	IENE 8 2	2 (	0 (	19
		REGISTRAR		CEKITI	TICATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
i		GUILLE	emo lorles	2	ANCOCZ		08 16	80	17PM
	3 SE)	(	4 RACE	S. DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
1	M	[ale	Puerto Rican	4	6 34	4.8			
1		RTHPLACE (STATE OR FOREIGN )	Th CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
9	-	erto Rico	USA	WIDOW	Λ	Baltimore	Count	v .	MD.
1	10.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12		F BUSINESS OR
0	Ва	ltimore	Balto. Co	. (3	swy Hosp.	(TIPE OF WORK FOR MOST O	WORKING (IFE)	DOSIKI	
1		AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT			1134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
0		aryland B	Baltimo		YES NO X		nerdale	Cos	ırt
		THER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE		000	
6		Nemesio	Torres	S	Benita	WIDDLE		Sand	chez
		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUI		17 INFORMANT	ADDRE	55	o a m	DIFCE
		res, no or unknown) (IF yes, give	580-38-	-557	Geraldine	Torres 30	21 Inn	erd:	1e Ct
		18 CAUSE OF DEATH (Enter only	y one cause per line for (a) (b), and		1	6 1	/		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	1101	ite	Myocardia	if impar	chin		
		4100	DUE TO, OR AS A CONSEQUE	NCE OF		19			
		Conditions, if ony, which	( 1b) ASE	UD	, corviary	acting &	reas		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF					
		underlying couse last	DOE TO, OR AS A CONSECUE	IACE OF			-154		
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EAJH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN	IPART 1(c	3
	O								
3	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
$\mathcal{I}_{\mathcal{I}}$	H	St. March St. Land				YES NO	YES [	CAUSES	NO [
		21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1.C	R PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	No. of the last				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	IPM FIC I	211 LOCATION	CITY OR TO	VN C	OUNTY	STATE
	2	WHILE NOT WHILE	THE STREET PACIONS, OFFICE, FA	0.	Co				
		22s.1 certify that (1) Was hospital	all attended the deceased from	A-1	6 1886	, to	. 19_	12 X	that (I) (we) last
		saw the decoupling on soons, (i) (we spid) did not	view the body after death	0	nd that in (my) (our) opinion o	death accurred on the da	te and haur and	from the	couses stated

O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 hould be filed within 7 house, ofter death hould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 7 house, ofter death shauld be detached for use as the burial-Iransit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal injury, ar other traumatic MPORTANT: If Item 21 is marked ar Item 18 shaws any etained by the haspital DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
PHYSICIAN THE PHYSICIAN'S NAME THE OF HIND 22e ADDRESS 23b. DATE 8/19/82 23c NAME OF CEMETERY OR CREMATORY Md. Veteran Cem 230. BURIAL, CREMATION, REMOVAL BURITAL 23d LOCATION
CITY OR TOWN
Crownville Md. 24 FUNERAL DIRECTOR 8 DHMH - 16 50M 1/81 (VRA 15, 4) March F/H 1101 E. North Avenue

ATTURE STEEL STEEL SERVICE SER The treat of a distant

1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)

The second second to the second secon Mr. January Committee Comm The transfer of the control of the c

AUG 2 6 1982

Teonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

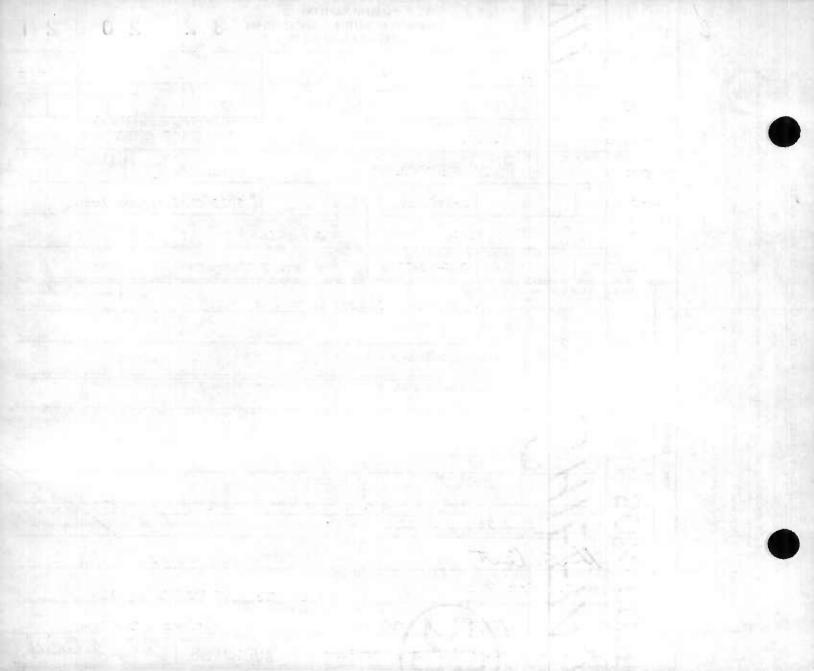
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

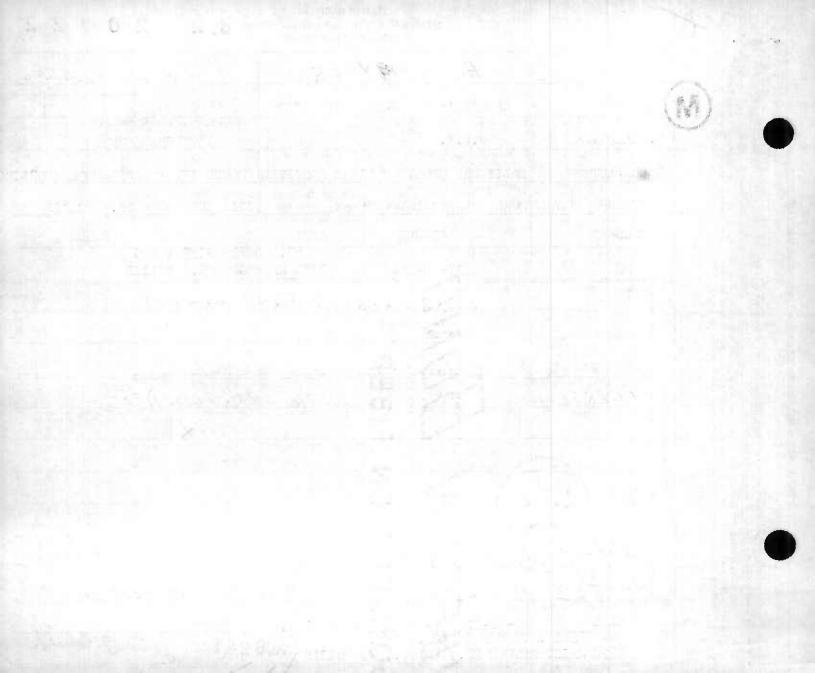
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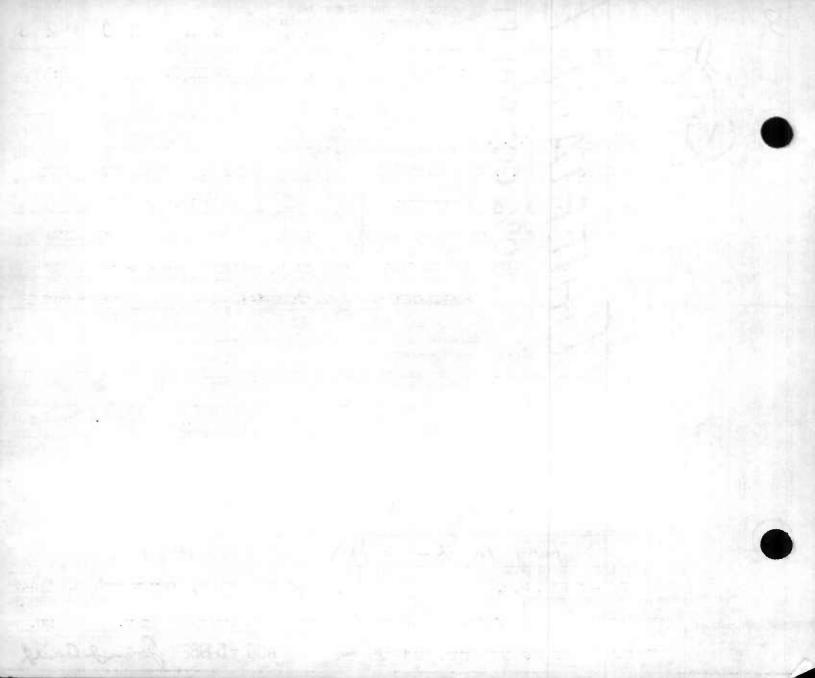
- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)







Burial 24 FUNSCH Timunek Funeral Home Inc. 9705 Belair Rd. Balto. Md. 21236 DHMH - 16 50M 1/81 (VRA 15, 4)

STATE

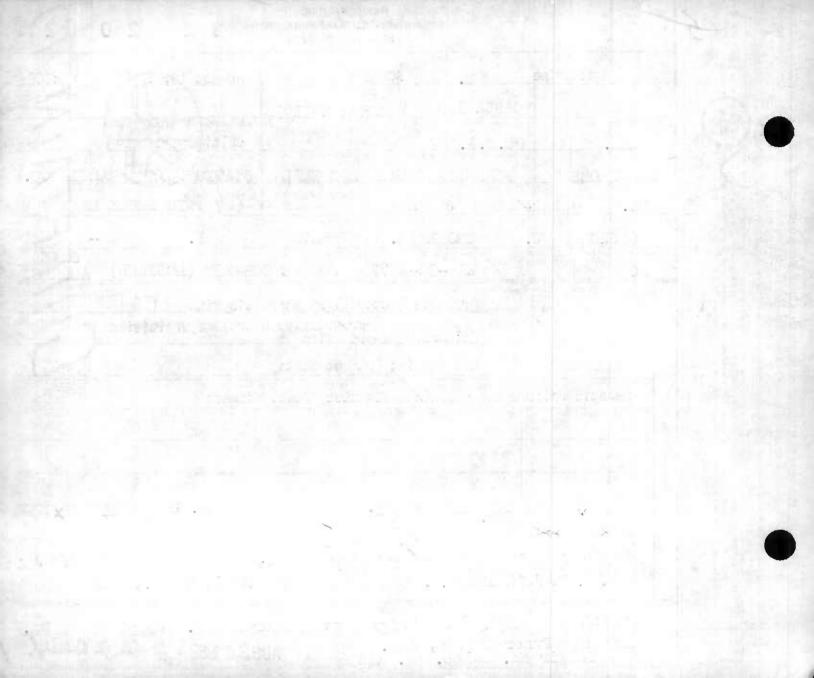
REGISTRAR

REG NO 1. DECEASED NAME 2a DATE OF DEATH MONTH LITYPE OR PRINTS Katherine SCHMIDT August 18, 1982 IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR STATISTICIAN MARTIN CO. BROOK LANE SAME JOSEPH SCHMIDT (HUSBAND ADDRESS APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF progressive Mitral Regurgitation CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY and that in (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237 Union Chapel Church Cem. Joppa Md.

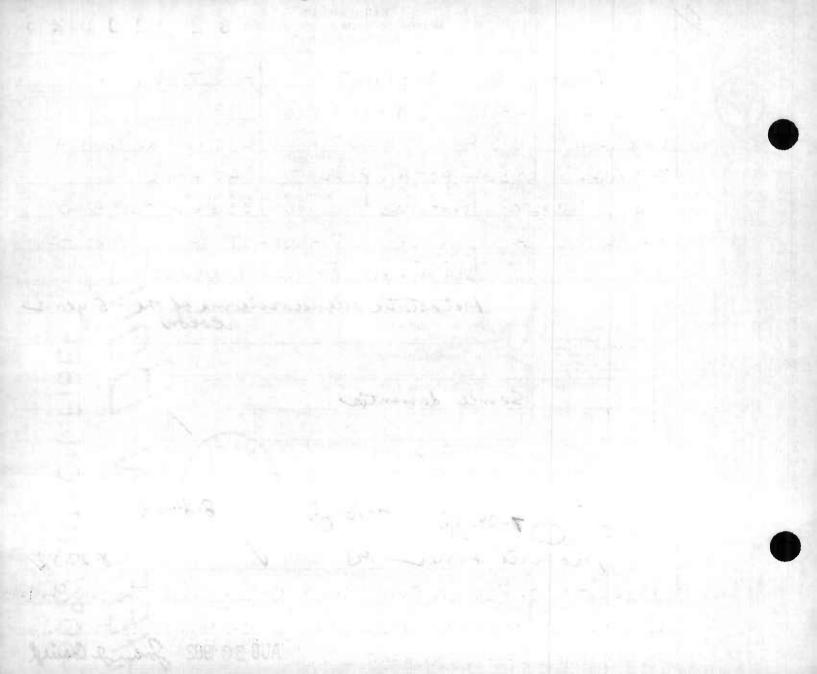
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND



FOR

REGISTRAR DECEASED NAME

FIRST

Rose

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/81 (VRA 15, 4)

12h KIND OF BUSINESS OR Inverness Road ADDRESS1720 Pinewood Dr. Balto., MD. 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE , and that in (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9000 Franklin Square Dr., Balto., MD 230. BURIAL CREMATION, REMOVAL 731, NAME OF CEMETERY OR CREMATORY 23d LOCATION Lorraine Park 8/6/1982 Baltimore 14 FUNERAL DIRECTOR Duda-Ruck, Inc. 750. DATE REC'D. BY REGISTRAR 19 FEGATRAR'S CO. Wise Avenue Dundalk, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SCHWARTZ

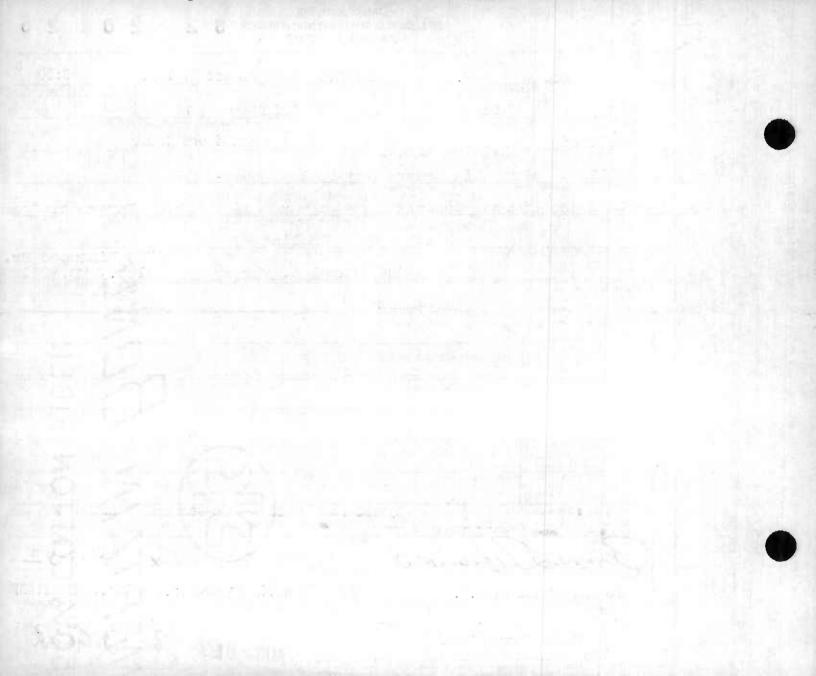
20 DATE OF DEATH MONTH

August 3, 1982

76 HOUR

3:50

IF UNDER I YEAR



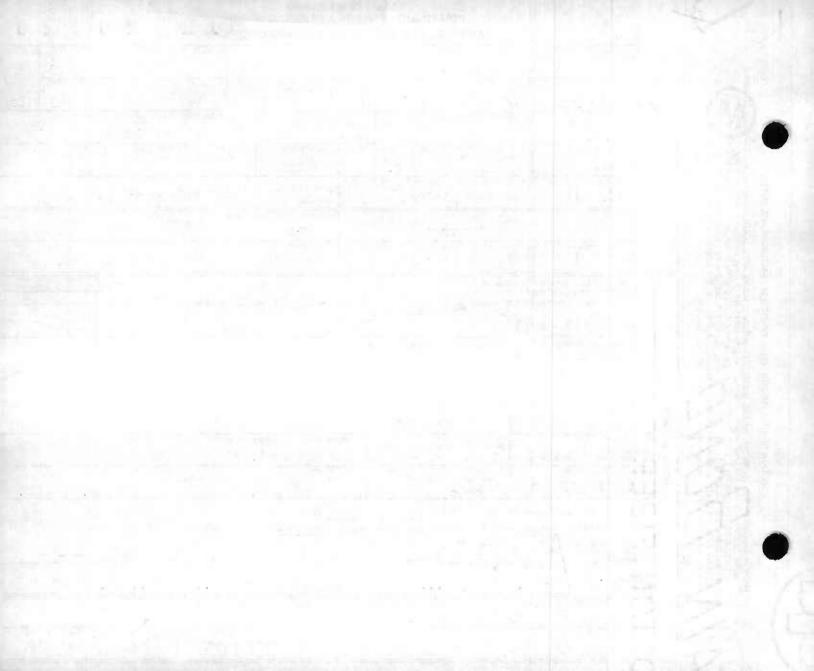
		STATE	OF MARYLAND		
11.	FOR STATE		ALTH AND MENTAL HYGI	ENE 2 2	0027
	REGISTRAR	MEDICAL EXAMINER	'S CERTIFICATE OF D	REG. NO.	
	ECEASED NAME FIRST  YPE OR PRINT)	WIDDLE	LAST	OF ESTI-	AONTH DAY YEAR 26 HO
	Robin	K.	Scott	DEATH MATED	8 14 1982
S	EX 4 RACE 5. DA		IF UNDER 1 YR. IF UNDER 24 H	PRONOUNCED	8 14 1982 P.
Λ	hale Black /	2 20 59 22 YRS.		DEAD	
	BIRTHPLACE (STATE OR 7b. CI	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	
	Md	VV 3 PT	DIVORCED I	Baltimore Co	
10	(#	AME OF HOSPITAL, NURSING HOME, OF FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF )	WORK 126 KIND OF BUSINESS OR INDUSTRY
1161		eater Baltimore Med	ical Center	Painter	Factory
13a.	JAL RESIDENCE (IF IN NURSING HOME OR OTHER STATE 136 COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS	7 11 -1
	Md Ball	to Sparks	YES NO NO	31 Quaker	Dottom Kd
14.	FATHER'S NAME FIRST MIDD	LAST LAST	15. MOTHER'S MAIDEN NA	MIDDLE	CO LAST
160	WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 166 SOCIAL SECURITY NO	Mary D. 17. INFORMANT	ADDRESS	Sheed
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR		14 0A 0 M	ADDRESS	
_	IN CAUSE OF PEATURE	1911-16,80	12 WIFS, Mary	Scott Bot	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	(SE(a) Multiple Blunt I	Force Injuries		BETWEEN ONSET AND DEA
-	8122 IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE OF	orce mjuries		
1	Canditians, if any, which				
	gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF			
	lying cause last.	(-)			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1 10		
NC					
ATA	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED?		20 AUTOPSY?
DEN					YESXX NO [
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR XXXX MONTH DAY YEAR	TIC HOW INJURY OCCURRED (EM	TER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
AL	UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH		operator of mo	ith with au	to
FDIC	21d. INJURY OCCURRED		If LOCATION STREET		
2	AT WORK AT WORK	road	Kirkwood Shop Re	oad, White Hall	I, Balto.Co., N
	22a Leastifu that I took charge of the		Autapsy X, Inspection		n my apınıan
	death resulted fram: Natural cau			ndetermined manner .	my apinan
	(11)	1100	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	cael leur	M.D. Deputy Chie,	FEDICAL EXAMINER	DATE 8-16-82
	CV	Tell III			1100
	EXAMINER'S NAME Thomas	s D. Smith, M.D.	ADDRESSIII Pe	enn Street	
23a	BURIAL, CREMATION, REMOVAL 236 DA	TE 23c. NAME OF CEMET	ERY OR CREMATORY	LIGCATION /	AHTILL STAN.
	Burist 8	/19 St Lu	Ke WYh, I	Hereford	Dallo YKA
24	FUNERAL DIRECTOR	ADDRESS AND A 11.	A C 250. DATE RECT	17 1082 SEGISTR	RAR'S SIGNATURE
1	MAINUAL FILL	171/2/11/11	AUU I	1302	- Country

20M 4/82

French Black B to Street SEN THU Palnier Factory des mother structures and steel but STREET MAY THE BUILDING STREET List Hatron to sell y with which was an order Chatma of the war miletile is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 7h HOUR (TYPE OR PRINT) ESTI-V. DEATH MATED 8 28 1982 SHARON SERVANCE DAY 4 RACE DATE OF BIRTH IE UNDER 24 HRS 24 HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 2/23/63 19 DEAD 1982 10am Eemale Black Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COLINTRY) □ |Baltimore County USA Md. WIDOWED [ DIVORCED L CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION LIVE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Loch Raven Dr. FOR MOST OF WORKING LIFE! Balto. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 13b. COUNTY 13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 1537 Stonewood Rd. Balto. YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1.4.51 MIDDLE FIRST AA IODI E Servance Mary Jones Clarence 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 212-84-6469 Mary Fuller 1537 Stonewood Rd. Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Gunshot wounds of abdomen & head (handaun) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION WARDED TO THE CHIEF M PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIGR TO BURIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO T 710 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOOR 19 82 Subject shot. 8-28-CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY JATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE Loch Raven Dr Balto. Md. woods MARYLAND, EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 22e I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Hamicide X death resulted from: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL AFTER DEATH, BALTIMORE, N Assistant 9-5-82 SIGNATURE EXAMINER'S NAME M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Crwonsville, Md. 9/10/82 Md. Vet. Cem. Burial 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5)) Wm C March F/H, Inc. 20M 4/82



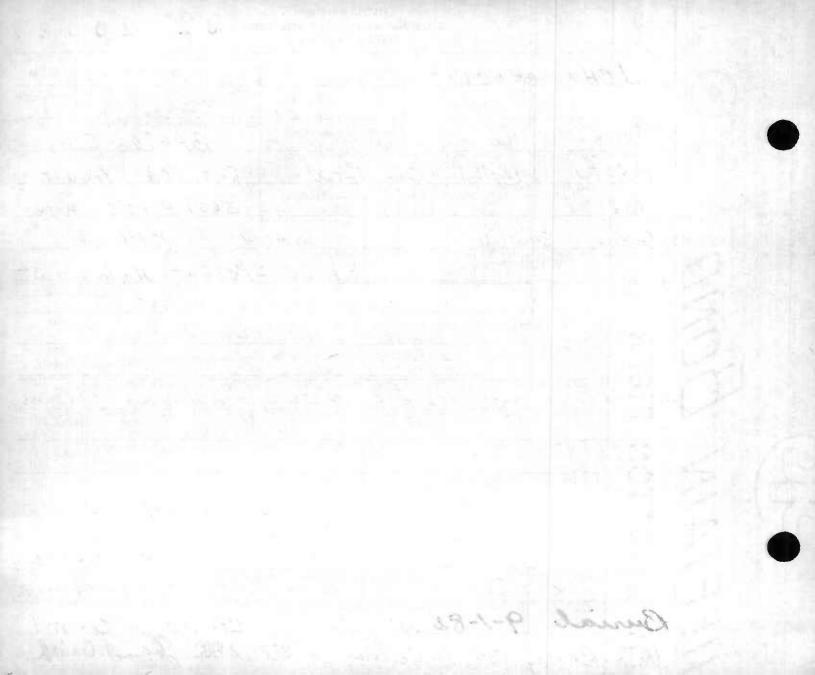
FOR

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Rm 388

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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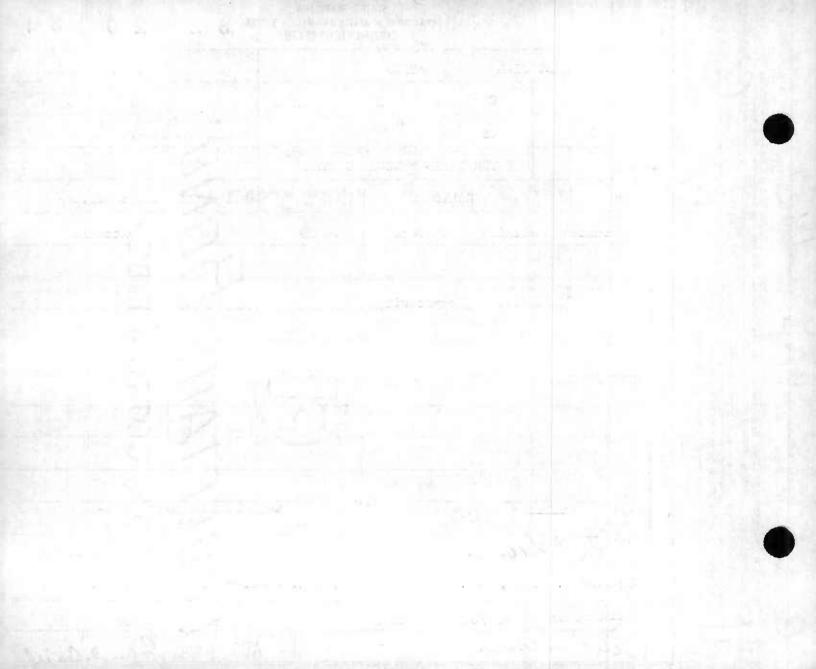
2003

		REGISTRAR		CERTI	ICATE OF DEATH	REG. NO	).				
		1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)		DLE	AST	20 DATE OF DEATH	MONTH DAY	YEAR	YEAR 26 HOUR		
	(1)*E	BENJA	AMIN	J. SEYN	IORE	A wy.	22,1	982	5:50	SPM	
1	1. SE)	×	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2	4 HRS	
į	1	Male	White	Marc		70	YRS.	VIHS DATS	HOURS	MIN.	
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	IAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH			
5	K	entucku	U.S.A.	WIDOWE	D DIVORCED	Baltimo	re Cour	ıty		MD.	
5	I	Randallstown	Baltimo	SPITAL, NURSING HOME C ACILITY, GIVE STREET ADDRESS) PRE COUNTY GET		12a USUAL OCCUPATION OF OF OIL Burne	WORKING LIFE)	126 KIND OF INDUSTRY . South			
5	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CC laryland Bo	or other institution Given 13 altimore	residence before admission) CITY OR TOWN Dwings Mills	13d INSIDE CITY LIMITS? YES NO 📆	13e. STREET ADDRESS 5113 Deer	Park	Road	2111	7	
0	14 F.A	ATHER'S NAME FIRST  George	**Seymore	LAST		enrietta MIDDIE	Oppert	ŁAST			
		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	SOCIAL SECURITY NO.		Penelope Be					
		No -		227-03-0506A	5113 Deer Pa	irk Road Owi	ngs Mi	lls, M	1D. 2.	1117	
7	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse lost storing the underlying cause lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR A	S A CONSEQUENCE OF  S A CONSEQUENCE OF  TRIBUTING TO DEATH BUT  ON FOR WHICH OPERATION		MINAL DISEASE OR COND  200 AUTOPSY?  YES   NOS	20b. IF YES, VIIN CERTIFYIN	VERE FINDIN	GS USED	1?	
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22g. I certify that (1) (this has sow the decessed alive above, (1) (well (1d)) (did	DEATH HOUR A.M. P.M.  21e PLACE OF IAT HOME STREET  spifal) attended the go	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	RRED (ENTER NATURE OF INJUR  CITY OR TOV  n death accurred on the do	VN 19.	COUNTY	STA  That (I) (we causes state	e) lost	
		22d. PHYSICIAN'S NAME (TYL)	Com.		ATTENDING PHYSICIAN 22e ADDRESS			22c. DATE S	SIGNED	82	
	Ė	BURIAL, CREMATION, REMOV SPECIFY: BURIAL	AL 236 DATE 8-25-8	2 Ward's	EMETERY OR CREMATORY Chapel Cemete		town Bo	ouniv altimos	re MD	ITE.	
	24 FU 872	UNERAL DIRECTOR Lorin 28 Liberty Roa	g Byers Fu d Randall	meral Direct	ors, Inc. 250 RA	UG 2 4 1982		R'S SIGNATI	thick	1	

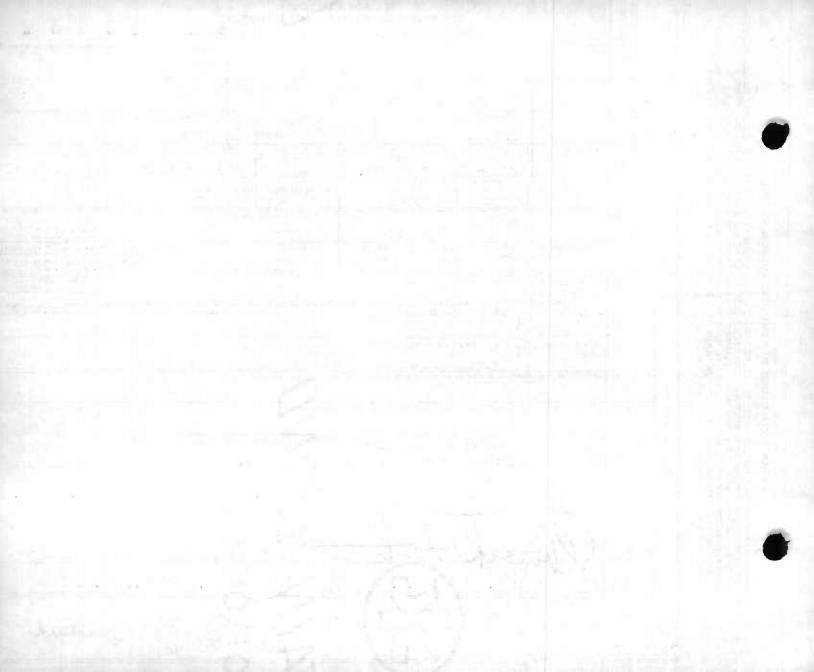
DHMH-16 50M 1/81 (VRA 15, 4)

I I what the many as a set -- > William of A To The Company ALLEN TO THE PROPERTY OF THE PARTY OF THE STATE OF THE STATE OF

1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	2003
	ECEASED NAME FIRST PE OR PRINT) BABY GI	IRL SHAVE	RS	20. DATE OF DEATH MO	1982 6:15 A
3. S	F 4. RA	C	5. DATE OF BIRTH 8 DAY 1982	6. AGE (IN YEARS LAST BIRTHD)	YRS. IF UNDER 1 YEAR IF UNDER 24
3 3	BIRTHPLACE (STATE OF FOREIGN 7b. COUNTRY) MD	US	8. MARRIED NEVER MARRIED 1 WIDOWED DIVORCED	9. BALTIMORE CITY OR CO BALTIMORE C	
-		NAME OF HOSPITAL, NURSING	THOME OR OTHER INSTITUTION  THE CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
	DAL RESIDENCE (IF NURSING HE WE OR OTHE STATE MD	FR INSTITUTION, GIVE RESIDENCE BEFORE A BALTOR TOWN	ADMISSION   13d INSIDE CITY LIMITS?	6821 Bonnie	Ridge Drive
30	Lawrence Wil	lliam Shaver	s Donna	Rae Rae	Mitchell
16a.	WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAR		RITY NO. 17 INFORMANT	ADDRESS	
8 shows any injury, or other froumo	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT (b)  DUE TO, OR AS A CONSEQUENT (c)  DITIONS CONTRIBUTING TO DITIONS CONDITION FOR WHICH (C)	NCE OF  EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
HIE H	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJURY IN	YES CAUSES OF DEATH YES NO [
MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 21f LOCATION	CITY OR TOWN	COUNTY STA
	220.1 certify that (1) (this haspital) saw the deceased alive on above (1) (ye) (did) (did not)	8/9/82		death accurred on the date	and have and from the causes state
2	22b. Sky Clu C. Ac	on	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8/17/82
7	22d PHYSICIAN'S NAME (TYPE OR PRIN Charles C. Brow	vn, M.D.		rles St., To	wson, Md. 21204
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	01010-	AME OF CEMETERY OR CREMATORY  GBMC	23d LOCATION CITY OF TOWN Balto	Balto Md STA
24	FUNDER LEO	ADDRESS	250. DA <u>T</u> I	AUG 1 9 1982	RESISTRAR'S SIGNATURE



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X			REGISTRAR		WEI	MIDDLE	KAMINE		ERTIFICA	TE OF D	REC	3. NO.		
X			CEASED NAME PE OR PRINT)	FIRST		MIDDLE			LAST		20. DATE KNOW	N X MONTH	DAY YE	AR Zb. HOUR
1 1	<b>经货油管</b>			Earl					hortt		OF ESTI- DEATH MATEE	8	1 19	32 M
/	20 mg	3 SE	4 RA	CE	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEAR!	MONTH		UNDER 24 HF	PRONOUNCED	MONTH	DAY	8:45
	*# 359 /			nite	11 14	14	67 YRS				DEAD	8	1 19	32 D M
-	SE SE	7a B	RTHPLACE (STATE O	R	76 CITIZEN OF WE	HAT COUNTR	Y? 8	MARRI	ED NEVER	MARRIED [	9. BALTIMORE CI	TY OR COUN	TY OF DEATI	1
-	SAN	Vi	rginia		U.S.A.			WIDOW		OVORCED [	Baltimor			MD.
-	元本発品さ	ID. C	ITY OR TOWN OF D	EATH	11 NAME OF HOS	PITAL, NURS	ING HOME,	OR OTH	ER INSTITUTIO		USUAL OCCUPATION OR MOST OF WORKING LIFE		126 KIND OF	
	PA BE		ndalk		yard - 9					N	Maintenan	.ce	Beth	.Steel
5	TORDS TO DELLA PORTO DE LA PORTO DEL LA PORTO DE LA PORTO DEL LA PORTO DE LA PORTO DEL LA PORTO DE LA		AL RESIDENCE (IF IN	NURSING HOME C	OR OTHER INSTITUTION, GIV	13t, CITY O		4)	T3d. INSIDE CITY L	IMITS? 113e :	STREET ADDRESS			
22	S S H O H		ryland	Balt	imore	Dun	dalk				38 Grove	Aven	ue	
9	T NHONE	14. F	ATHER'S NAME		MIDDLE	LAS			15. MOTHER'S	MAIDEN NA	ME		LAST	
RE.	T SE PER		Sampy		MINOLE	Sho			Lau		1410000		Sterg	i11
MO	AFTER DE INF PAGE H FORM AGES 1 AT ISION OF	16a.	WAS DECEASED EV	R IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	L SECURITY	NO.	17. INFORMAN	VĪ	ADD	RES9 38	Grove	Avenue
E	JRS AFTER D 3. GIVE PAGE WITH FOR I. PAGES 1 DIVISION O	No	25,110, 01 01111101111	(11 123, 0112	WAR OR DAILS)	226-	24-11	34	Madel	lla Sh				.21222
80	JURS AF 18. GIVE 5. WITH 1 AIT. PAG E, DIVISIO		18 CAUSE OF DE	ATH (Enter on	ly one cause per line	far (a), (b), a	ind (c).)						APPROXI	MATE INTERVAL NSET AND DEATH
N ST	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PARTIDEATH		D BY: TE CAUSE (0)	hotgur	wound	d of	chest	and ab	domen		00.1111	
ESTON	AZZA AZG YGI		765	/		AS A CONSE	QUENCE OF	:						
OK OT	AER ANS		Canditians, if		(b)									
*	SENT OR		couse (o) state	ng the under-	DUE TO, OR	AS A CONSE	QUENCE OF							
201	F. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU.  E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18  RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG YEACE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT  STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,  7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse to	51.	(c)									
SDS	AAN AN	-	PART 2 DIHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TD THE TERMIN	AL DISEASE	DR CONDITION GIV	YEN IN PART 1 (a)				
RECORDS	BE EXEMPLE NO ING MEDICAL MEDICAL AS A BUTH AN ALTH AN	NO.												
2	LE ALE	CERTIFICATION	190. DATE OF OPE	RATION	196 CONDIT	ION FOR WI	HICH OPERA	TION W.	AS PERFORME	D?			20 AUTO	SY?
¥.	SE CE	E	- units										YES [	NO D
OF.	NAEN NEW NEW NEW NEW NEW NEW NEW NEW NEW N	E E	210. EXTERNAL CA	_	21b. TIME OF	MONTH D	AV YEAR	21c. HC	OW INJURY OC	CURRED (EN	TER NATURE OF INJURY IN ITS	M 18 PART 1 OR P	ART 2)	
	DH OO H	3	UNDERLYING CONTRIBUTING	CAUSE OF I	DEATH 5:35P.M		1982	She	ot by p	olice.				
DIVISION	CERTIFO TING 3 SHC DEPAR	MEDICAL	214 INJURY OCCU	JRRED	21e PLACE (		(AT HOME,	21f. LO	TREET		CITY OR TOWN		YINUC	STATE
٥	ARI ARI	2		WORK	X	urd	2		Grove	Ave.	CITORTOWN		alto.	Md.
	RE, TE, VRW, RE, PARE, STA		22s I centify the	at I some chara	_ ^	ribad al-	Andrew A			spection	, Inquiry .	and in my a		
	L EXAMINER: 1 ECERTIFICATE, DUID BE FORV. L DIRECTOR: P H, WITH THE SI MARYLAND; ;		death resulted by	600	rol courses [	Andrew 7	7 /1	de	, Homicide		determined monner		pinon	
-	EXAM CERTIF CLE B DIREC WARYI		/	(//	Y/	1//	_//		TITLE (SPEC	-	acterimica morner g			
	M. A.		ACTUAL SIGNATURE	VIL	meck	MU	apa	M			TOICAL EXAMINER	DATE	ED 8-	2-82
	SEA SEA	7		70			776							
	TO MEDICAL EXECUTE THE CR PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MV	an.	(TYPE OR PRINT)	The	omas D. Sm	nith, N	1.D.		ADDRESS1	11 Per	in St., Bal	to., M	d. 212	01
200	DAY OF A	23 a. E	URIAL, CREMATION	,REMOVAL 2	3b. DATE	23c. NA	ME OF CEME		R CREMATORY	236	LOCATION		INTY	STATE
UCC	BP		Burial		8/5/1983		olly	Hil.	1	V	White Mar	sh	Mary	land
	DHMH - 17	24 F	UNERAL DIRECTOR	Duda-	Ruck , I	nc.		1	2 Sa.	DATE REC'D	6 98Z Z	RECOSTRAR'S	AGNAJUAE.	My.
	(VR A15 ME (5))		22 Wise			dalk,	MD.	212	22	AUG -	O BOL			
	20M 4/82													



21229

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Item 18 Film 571

9-10-82 cn

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

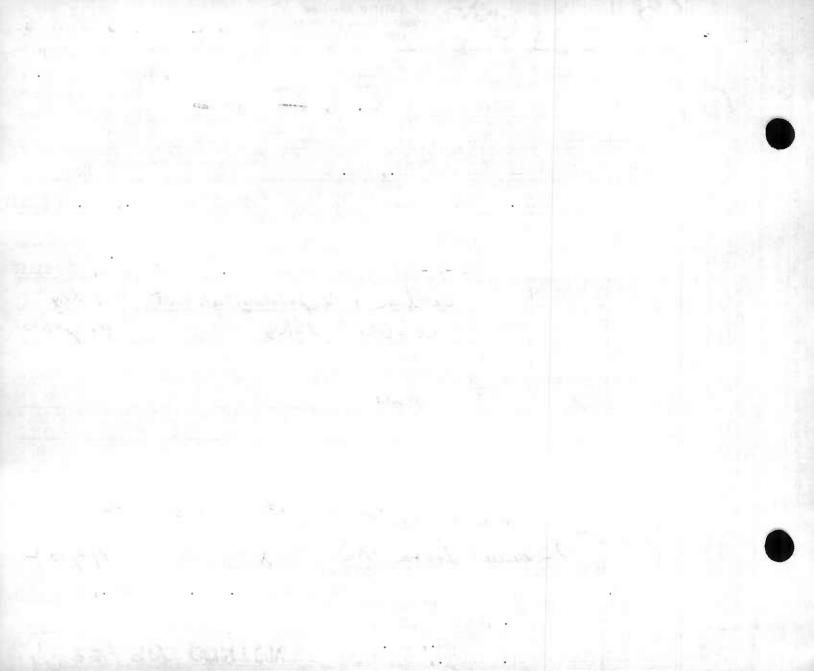
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Department of Superation - Medical Sylventy So EN 1000

-	1.	FOR STATE REGISTRAR	DEPART	MENT OF	ECATE OF DEATH	ENE B Z	2	0 0	3 5
mela		CEASED NAME FIRST OR PRINT) MURR	MIDDLE A V		LVER	2ª DATE OF DEATH A  AUGUST 1			26. HOUR 1 A. M
3	3 SE		4 RACE	5 DATE O	OF BIRTH 1944	6. AGE IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
IN/II		MALE	WHITE	MONT	T. 3, 1941	37 40	YRS	OAYS	HOURS MIN
13/2		RTHPLACE (STATE OR FOREIGN DUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED XX	BALTIMORE CITY OF			
80	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	12h KIND O	F BUSINESS OR
(8)		WINGS MILLS	22° DEER LODGE		APT. E	NONE NONE	WORKING LIFE)	INDUSTRY N	ONE
35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL MARY LAND B	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY ALTO. OWINGS	MILLS	131. INSIDE CITY LIMUS?	22 DEER LOI	OGE CT.	, APT	E (2111
32	14 F/	ATHER'S NAME FIRST WILLIAM	MIDDLE SILVER		15 MOTHER'S MAIDEN NAM FIRST MARTHA	WIDDLE		GRE	ĖN
vent, the med		VAS DECEASED EVER IN U.S. A yes, no or unknown) (IF yes, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 218-76-		17 INFORMANT WIT 22 DEER LODG	LLIAM SI <b>LVE</b> GE CT. OW	S AF	T. E	MD 21117
y injury, or other traum	Z	Conditions, if any, which gove rise to immediate cause 10), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	46 IN PART 10	years
as shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
d or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
narked o	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	×	COUNTY	STATE
If Item 21 is r		27a   certify that (1) (this has	pital) attended the deceased from 19 at 19 view the bady after death.	1. 11	nd that in (my) (over) apinian d		te and hour a		
with the State IMPORTANT:		224. PHYSICIAN'S NAME (TYPE	ORPRINT)	2	ATTENDING PHYSICIAN Z	MEDICAL STAF	AN 🗌	18/-	782
MPOR		DR. MANUEL				HTS. AVE.	BAI	TO., M	D
		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	AUG.3,1982	CHIZUK	EMETERY OR CREMATORY AMUNO	234 LOCATION CITY OF TOWN BALT IMO	RE	утич М	STATE
-16 25M 5, 4) 1/79	24 F	UNERAL DIRECTOR SOL L. NAME 010 REISTERSTO	EVINSON & BROS., WN RD. BALTO.,	INC.	21215 AU	G - 5 1982	Sh. REGISTRA	R'S SIGNAT	URE



Eutaw Pl

Chas. A. Rice FSPA 1300

(VRA 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) HELEN SIPPEL 08 29 82 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR 15 FEMALE WHITE 08 02 80 YRS BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MARYLAND BALTIMORE COUNTY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CATONSVILLE SUMMIT NURSING HOME HOMEMAKER JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? BALTIMORE CATONSVILLE NO TO 15 SHADYNOOK AVENUE, 21228 MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE **JACOB** SIPPEL BARBARA E. FLECK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) JIF YES, GIVE WAR OR DATES) NO 212-46-9577 LOUISE S. JOHNSON 15 SHADYNOOK AVENUE 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY the ovary with generalized IMMEDIATE CAUSE (o) arcinomatosi DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Uctober Mugust sow the deceased alive on \_\_\_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 8-31-82 STAFF

224 PHYSICIAN'S NAME (TYPE OR PRINT) JAMES E. ROWE

413 COMMONWEALTH

23d LOCATION

BURIAL

230 BURIAL, CREMATION, REMOVAL

09 - 02 - 82

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

22e ADDRESS

PHYSICIAN

CITY OR TOWN BALTIMORE CITY

DIRECTOR PHYSICIAN

MARYLAND

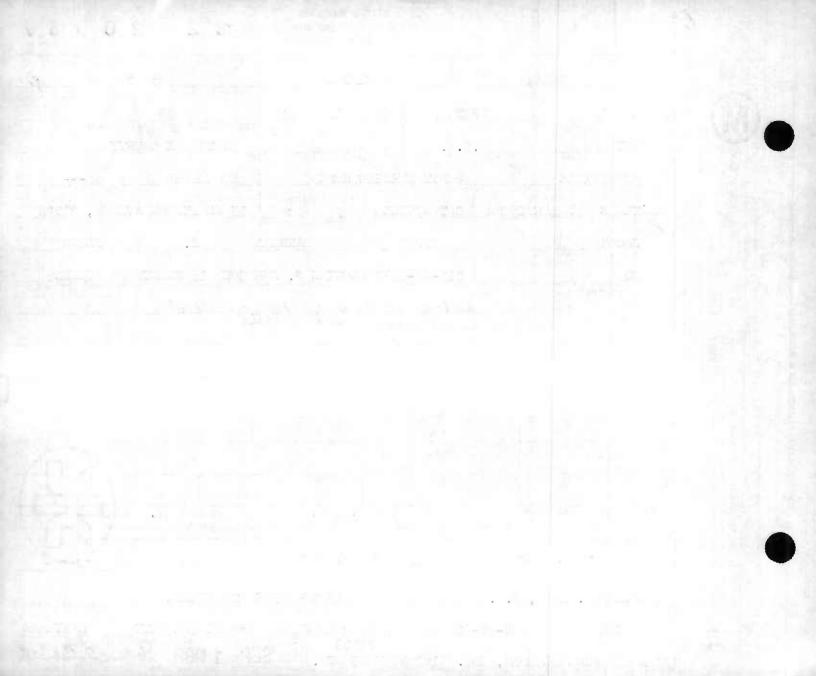
24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

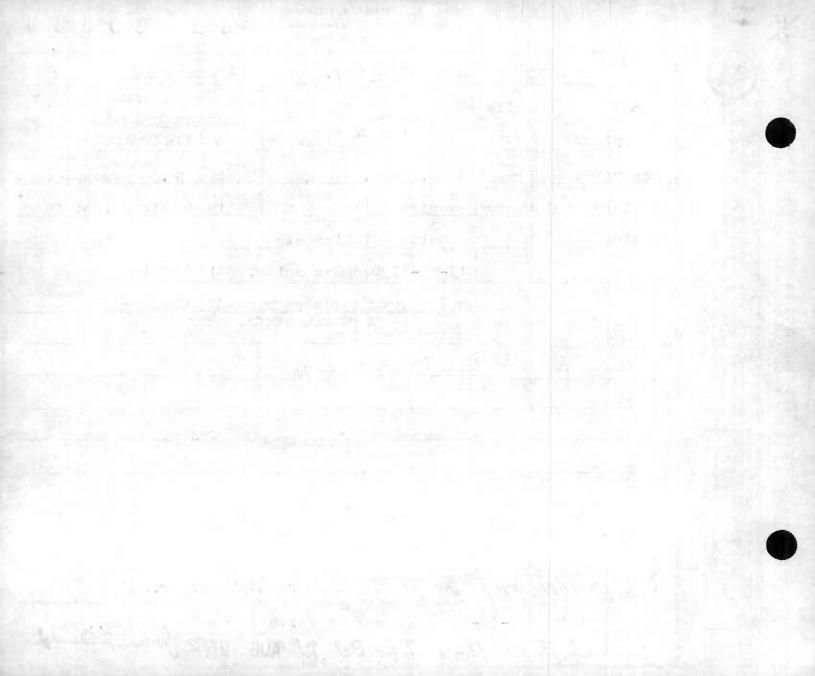


	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	2	0	0	3
	CERTIFICATE OF DEATH		REG. NO.				
MIDDLE	1AST 2- F	DATE OF	DEATH HON	714 D	4 4	EAD 1	

	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENICATE OF DEA		ENE 8 2	NO.	200	3	8
		CEASED NAME E OR PRINT)	Harry		oseph	SMITH	Sr.		20 DATE OF DEATH August		DAY YEAR	2h HOU	
	3. SE	X	4. R	ACE		5. DATE C			6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER	14/
	100	male	147	hite		MONTH	12 0	7 YEAR	75	YRS	MONTHS DAYS	HOURS	MIN.
5	7a BI	IRTHPLACE (STATE OR FICOUNTRY) Maryland	OREIGN 7b	CITIZEN OF USA	WHAT COUN	TRY? 8. MARRIEI WIDOWE	NEVER MAR	RRIED -	Baltimore City	OR COUNT			MD.
7		Rossville		(IF NOT IN SUI	CH FACILITY, GIVE S		PR OTHER INSTITU	TION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Martin C	OF WORKING	12h KIND O INDUSTRY Trans		SS OR
5	130 S	aryland		er institution		BEFORE ADMISSION)	13d. INSIDE CITY YES NO		13e STREET ADDRESS 8219 Be	411		De	pt.
0		artin	MIDD	DLE	Sm:	i th	Elizab	T	E MIDDLE		Quin	ı	
		WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADD	RESS			
		no	(11 123, 3142 47,	IN OR DATES)	215-0	5-1790	Agnes	Smi th	, 8219 I	elai	r Rd.	Lot	19
	NO	Conditions, if ony, gove rise to imm couse ion, stoting underlying couse  PART 2 OTHER SIGN	nediote g the lost	1b) DUE TO, O	RAS A CONSI Rena 1	atory fa EQUENCE OF failure	and shoc	k	tic aneury		IVEN IN PART 110	,	_
2	CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERFORMI	ED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	OF DEAT	H?
1		210. ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF CONTRIBUTI	AUSE OF DEATH			DAY YEAR	21¢ HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)		10
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	HE 🗍		OF INJURY REET, FACTORY, OF	FICE FARM, ETC.)	211. LOCATION STREET		CHY OR T	OWN	COUNTY	5	TATE
		220.1 certify that (	(this hospital) d alive on introduction vii	attended the	of decembers, fr	om Augus	t 4, 1 d that in (m <b>X</b> ) (our		_, to _ Augus eath occurred on the c	t 5 dote and ha	, 19 <u>82</u> , tour and from the c	hot X (v	ve) lost
		274 SIGNATURE	Kee	_	en	IR	PHY	NDING SICIAN	MEDICAL STA	AFF ICIAN X	8/5		
1	1	GURU	CHAR	011	MT.	1)			in Square	Dr.,	21237		
	(	BURIAL, CREMATION, F		8-10			METERY OR CREA		23d. LOCATION OVERLE	a n B	alto.	Md.	ATE
	24 FU	JNERAL DIRECTOR	In Fend	Jan Jan	for 2 DDR	1557 401	Belon Ro	P50 AU	G 91982	000	The State of the	every	

DHMH - 16 50M 1/81 (VRA 15, 4)

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💹

REG. NO

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

Unknown

YES X

COUNTY

82

22c. DATE SIGNED

8/10/82

IF UNDER LYEAR

11 - 10P M

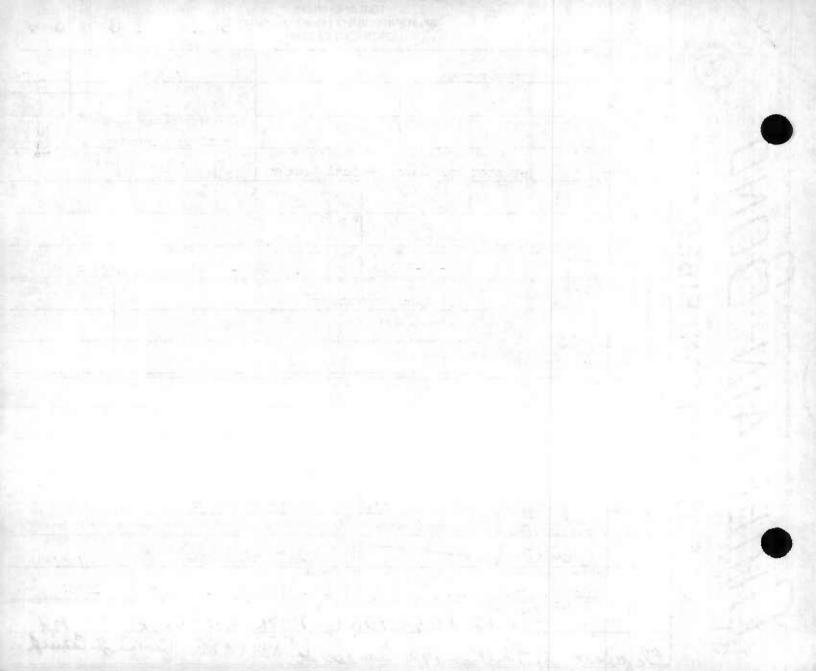
FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE



The day of the thing of the said Latterie Heart General years

FOR STATE REGISTRAR

poge 3

completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	E.
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(TYP	ECEASED NAME PE OR PRINT)	LUKERY		MIDDLE	SNIC	DER	August 13	, 1982	Y YEAR	10:3
3 SE	Male	4.	White		5. DATE OF	F BIRTH 1904 1896 YEAR	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 2
W	IRTHPLACE (STATEO		USA	WHAT COUNTRY?	MARRIED WIDOWEI	DENEVER MARRIED DIVORCED	9 BALTIMORE CITY C			
Ro	ssville 2	237		HOSPITAL, NURS INC HEACHITY GIVE STREET A LIN SQ. HO		R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	
13a	JAL RESIDENCE (IF NUI STATE Va.	MI COUNTY		GIVE RESIDENCE BEFORE	ton	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ew Mil	ton	
C) 14, F.	ATHER'S NAME FIRST	lie A.	Snider	LAST		15. MOTHER'S MAIDEN NA			IAS	1
160	WAS DECEASED EVE (YEX NO OR UNKNOWN)	R IN U.S. ARME	D FORCES? (AR OR DATES)	232 03 (		Ada Snider,	Wife S	ame		
	Conditions, if on	y, which		r as a conseque		arction; Coro	mary Artery	Disea	se	
NOI	gove rise to in couse (o), stat underlying caus	y, which nmediate ing the	DUE TO, OF	r as a consequei	NCE OF	NOT RELATED TO THE TERM		Disea		
RTIFICATION	gove rise to in couse (o), stat underlying caus	y, which nmediate ing the e lost	DUE TO, OF	r as a consequei	NCE OF	NOT RELATED TO THE TERM		Disea	VERE FINDING CAUSES	IGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE OF OPERATOR OF CONTRIBUTING OF CONTRIBU	y, which mediate ing the ing t	DUE TO, OF    b)   DUE TO, OF    (c)   NDITIONS CC    19b. CONDI   21b. TIME OI   HOUR A.M.   P.M.   21e. PLACE C	R AS A CONSEQUED  R AS A CONSEQUED  TION FOR WHICH OF  FINJURY  M. MONTH DAM  M.	NCE OF  NCE OF  PEATH BUT N  OPERATION  Y YEAR  19	NOT RELATED TO THE TERM	ZOG AUTÓPSY?  YES NO M	DISEA  DITION GIVEN  20b IF YES, VIN CERTIFYII  YES  RY IN 11EM 18 PART	WERE FINDING CAUSES	IGS USED OF DEATH? NO
//	gove rise to in couse (o, stat underlying caus) PART 2 OTHER SIG  190 DATE OF OPER/ 210. ACCIDENT WAS UP OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUPATION AND INVESTIGATION AND INVE	y, which mediate ing the ing t	DUE TO, OF  (c)  DUE TO, OF  (c)  19b. CONDI  21b. TIME OI  HOUR A.A.  21e. PLACE C  (AT HOME SIRI  ottended the	R AS A CONSEQUED  R AS A CONSEQUED  TION FOR WHICH OF  FINJURY M. MONTH DA' M.  DF INJURY  EET FACTORY OFFICE, FA	NCE OF  NCE OF  EATH BUT N  OPERATION  Y YEAR  19  NRM.ETC)	NOT RELATED TO THE TERM  I WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19. 82  4 that in (10.0) opinion  EGREE	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  AUGUST  death occurred on the de	Disea  DITION GIVEN  20b IF YES, VIN CERTIFYII YES RY IN ITEM 18 PART	VERE FINDING CAUSES  COUNTY  82  Ind from the cause of th	STAIL  thot (we couses state  SIGNED
//	PART 2 OTHER SIGNATURE IN THE PROPERTY OF CONTRIBUTING TO RECONTRIBUTING TO RECONTRIBUTION TO RECONTRI	y, which mediate ing the lost.  GNIFICANT CON  ATION  NDERLYING CAUSE OF DEATH  DICAL EXAMINER)  RRED  WHILE COR.  (this hospital)  sed alive on condition of the condition of t	DUE TO, OR  DUE TO, OR  (c)  NDITIONS CC  19b. CONDI  21b. TIME OI HOUR A.M. P.M.  21e. PLACE C (AT HOME STRI  ottended the AUGUST  iew the body of	R AS A CONSEQUED  R AS A CONSEQUED  TION FOR WHICH OF  FINJURY M. MONTH DA' M.  DF INJURY  EET FACTORY OFFICE, FA	NCE OF  NCE OF  EATH BUT N  OPERATION  Y YEAR  19  NRM.ETC)	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR  21f LOCATION STREET  1 13 , 19 82  4 that in (10 0 ) opinion  EGREE ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	DISEA  DITION GIVEN  206 IF YES, VIN CERTIFYII YES RY IN ITEM 18 PARI  WN  13 19  ofe ond hour o	VERE FINDING CAUSES  COUNTY  82  Ind from the  221. DATE	NGS USED OF DEATH? NO  STAT

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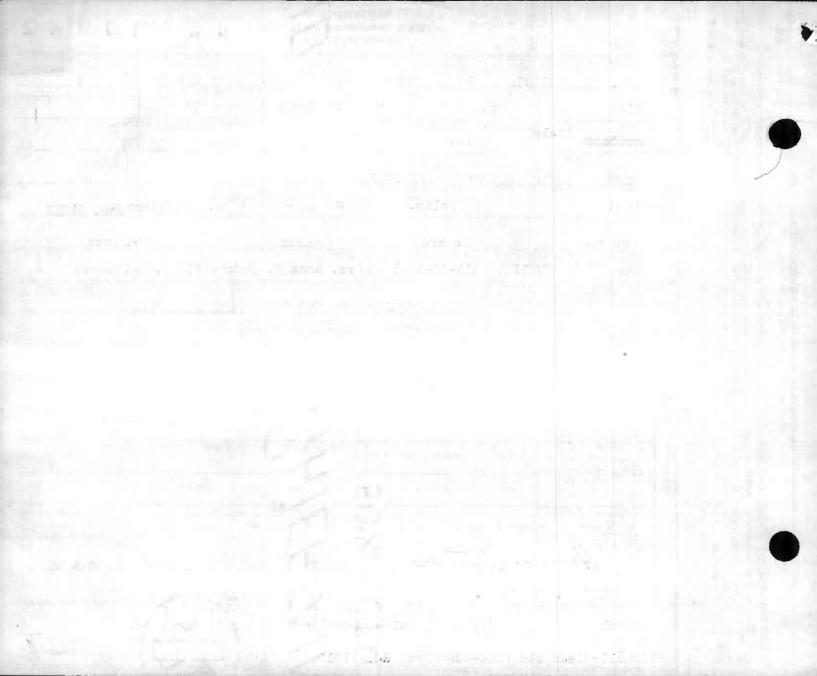
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10						OF MARYLAND	all the	-0 0	.m. A
1	1-	FOR STATE REGISTRAR		DEPARTI		ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	2:0	0 4
. 64		CEASED NAME FIRST OR PRINT)		MIDDLE	LAS	1	26. DATE OF DEATH	MONTH DAY YEAR	
poge 3	_		ANUEL	P 9	ODARO		1.105	8-4-82	10:2
of parties of the state of the	3. SE)	Male	4. RACE Cau	1.	5. DATE OF	9° 1905	6. AGE IN YEARS LAST BIR	MONTHS DA	
	BI	RTHPLACE (STATE OR FOREIGN ) LES	1 76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	
ofter di	<b>Ж</b> СІ	TOWSON	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	NG HOME OR ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION 126. KIN	D OF BUSINESS
24 hours	JSUA 30. S Ma	AL RESIDENCE (IF NURSING HOSTATE NURSING HOSTATE NURSING HOSTATE			E ADMISSION)	3d. INSIDE CITY LIMITS?	13. STREET ADDRESS 826E Be	vedere Ave	21 21 2
and	14 FA	THER'S NAME FIRST Mariano	MIDDLE	Sodaro		S. MOTHER'S MAIDEN NA FIRST Nunzia	WIDDLE	Dongarr	LAST
Poges Poges		VAS DECEASED EVER IN U.S.	ARMED FORCES?	215-12-18		Mrs. Anna M.	ADDRE Sodaro 826		ere
4 4111		gave rise to immediate cause (a), stating the	DUE TO, O	OR AS A CONSEQU	ENCE OF				
w requires that the sen signed by the oil. Then please rem rior to busial, crem my silvery, or other?	ATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, O		DEATH BUT N				
on.  Not been uighed by the tipes bear in prior the please remember to be the please remember ones only injury, or other tipes.	THICATION	cause (a), stating the underlying cause last.	DUE TO, O		DEATH BUT N		VINAL DISEASE OR CON  200 AUTOPSY?  YES  VO	DITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAU YES	IDINGS USED
ACTANI The law requires that the g physicon.  ensificate has been signed by the locitomis permit. Then please removed they green prior to busind, event in \$8 shows ony injury, or other?	AL CERT	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, O  (c)  NT CONDITIONS C  19b. COND  21b. TIME C  FEATH HOUR A	ONTRIBUTING TO	DEATH BUT N		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH? NO
G PHYSICIAN The law requires that the strengthing physicon.  In this certificate has been signed by the the buriof-trainit permit. Then please remained Meeting Physics prior to busiot, created the 18 shows ony injury, or other the day than 18 shows ony injury, or other the day than 18 shows ony injury, or other the contractions.		Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICATE  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE LITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO. O  (c)  NT CONDITIONS C  19b COND  21b TIME C HOUR A HOUR A P  21e PLACE	ONTRIBUTING TO	DEATH BUT N I OPERATION  AY YEAR 19	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES THE TEM 18 PART 1 OR PART	IDINGS USED SES OF DEATH? NO []
TENDING PHYSICIAN. The law requires that the plot or attending physician.  TOR: After this certificate has been signed by the for use os the bursiofstrams permit. Then please remain the testiti and Meetical Hygiene prior to busiol, created the testiti and Meetical Hygiene prior to busiol.	AL CERT	Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (f) (this he saw the deceased alive saw the deceased alive as well as the deceased alive saw the deceased alive as well as wel	DUE TO, O  (c)  19b. COND  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A ANNER)  21e. PLACE (AT HOME, ST	ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE I	DEATH BUT N I OPERATION  AY YEAR 19 FARM, ETC) 7-8	WAS PERFORMED  21c. HOW INJURY OCCUR	206 AUTOPSY?  YES NO O	20b. IF YES, WERE FIN IN CERTIFYING CAU YES THE TEM 18 PART 1 OR PART WWN COUNTY  4 82	DINGS USED SES OF DEATH? NO []  STATE
AL OR ATTENDRING PHYSICIANI, The law requires that the the the basistal or attending physicon.  AL DIRECTOR: After this certificate has been signed by the tetached for use as the buriol-framit permit. Then please remite Dept. at Health and Menterli Hygiere prior to busiol, creating them 21 is marked as then 8 shows ony situacy, or other 1. If them 21 is marked as them.	AL CERT	Cause (a), stafing the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (f) (this he	DUE TO, O  (c)  19b. COND  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A ANNER)  21e. PLACE (AT HOME, ST	ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE I	DEATH BUT N I OPERATION  AY YEAR 19 FARM, ETC)  7-8	WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION STREET  19  82	206 AUTOPSY?  YES NO O	20b. IF YES, WERE FIN IN CERTIFYING CAU YES TO COUNTY  COUNTY  RY IN ITEM 18 PART 1 OR PART  COUNTY  B2  ate and haur and fram  22c. Da	STATE  , tha KX (we) I  the causes stated
O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the claimed by the hospital or attending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by the rabid be detached for use or the buriofstramit permit. Then please remit the State Dept. at Health and Meetic! Hygiene prior to busid, creative Dept. at Health and Meetic! Hygiene prior to busid, creative Dept. at Incahedge here (8 shows ony signy; or other the DESTANT). If New 21 is markedge here (8 shows ony signy; or other the DESTANT).	AL CERT	Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICATE  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JETHER NOTHEY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK ALL WORK  22a. I certify that (f)-(this he saw the deceased alive abovery (f)(we) (did) (deceased alive abovery (f)	DUE TO, O  (c)  NT CONDITIONS C  19b. COND  19b. COND  19b. COND  21b. TIME C HOUR A P. 21c. PLACE (AT HOME, ST caspital) attended the can 8-4  19b. COND  21c. PLACE (AT HOME, ST  21c. PLACE (AT HOME, ST	ONTRIBUTING TO DITION FOR WHICH OF INJURY  M.M. MONTH D  M.M. OF INJURY IREET, FACTORY, OFFICE I  the deceased fram y after death.	DEATH BUT N I OPERATION  AY YEAR 19 FARM, ETC)  7-8	WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION STREET  19 82  4 that in 26y) (aur) opinion  EGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the	20b. IF YES, WERE FIN IN CERTIFYING CAU YES TO THE PART TO REPART OF THE PART TO THE PART	STATE  , tha KOK (we) I  the causes stated  ATE SIGNED



E, MARYLAND 21201	uted within 24 hours ofter death.	completely filled in by the function I and 2 should be find annual.
MORI	De exec	Poges
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., R. TIMORE, MARYLAND 21201	DING PHYSCLAM, The low impulses that the death certifies the executed within 24 hours offer death, or attending physician.	. After this certificate has been signed by the attending phy can and completely filled in by the funeral near the bunds trainf permit then please remove contrained. It Pages I and 2 shauld the filed within 72 health and Marital Hygiene page to build crembler, be removed.

1-	FOR STATE REGISTRAR	
	CEASED NAME	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CERT	ITICATE OF DEATH	REG. NO.	
DECEASED NAME	FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	ROBE	RT	W	SOLL ARS	08/	27/1982 9/5
. SEX		RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
MAL	F	4		DAY YEAR	74 YRS	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE		CITIZENOF	WHAT COUNTRY? 8	DIED ED MEMER WARRIED TO	9 BALTIMORE CITY OR COUN	
W.Va		USA		RIED NEVER MARRIED UND NORCED	Baltimere Ce	ME
CITY OR TOWN OF	DEATH 11	. NAME OF	HOSPITAL, NURSING HOM		12e USUAL OCCUPATION	126 KIND OF BUSINESS OR
Catens	-177-		ch facility, give street address) nes Hespital		Coal Miner	Coal
SUAL RESIDENCE (IF	NURSING HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO			0041
MA STATE	136 COUNTY		Baltimere	YES NO TO	13e. STREET ADDRESS 6464 Washin	gton Blvd
FATHER'S NAME	Dal	timere	Datringle	15 MOTHER'S MAIDEN NA		IZ COR DIVE
FIRST	MID	DUE	LAST	FIRST	MIDDLE	Cornell
Arlie WAS DECEASED E	VER IN U.S. ARME	D FORCES?	Sella rs	Lucy 17 INFORMANT	ADDRESS	
IYES, NO O'R UNKNOWN			Land and the second		Balti	more, Me
Yes	MMII		216 01 1428	Ruth Seller	6464 Was	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2: OTHER S		167	A SPLEE NO		MINAL DISEASE OR CONDITION (	IVEN IN PART I'm
19s DATE OF OPE	RATION	IN: COND	IT ION FOR WHICH OFERAT	ION WAS PERFORMED	19th AUTOPSY2 20th IF IN CER	TES, WERE FINDINGS USED
Photo Cortica Married Victorials	CAUSE OF DEATH		DE INJURY .M. MONTH DAY YEA .M. II	ARC .	RRED   (grates mature or nouse) writew t	E PART   ORPART 31
IN BITHER HOTERY  SHA INJURY OCC  WHILE IN HO AT WORK IN HE	URRED		OF INJURY SEEL FACTORY OFFICE FARM, ESC.3	TH LOCATION	City ON COWN	COUNTY STATE
sow the dec	oased alive an el (did) (did not) v		e deceased from	and that in Imy (our opinion DEGREE  ATTENDING PHYSICIAN	n death occurred on the date and h	19 that (It (we) lost our and from the course stated
224 PHYSICIAN'S	NAME (TITE CIETY	1947).	0	27# ADDRESS		3
In BURDAL CREMATIC	ON, REMOVAL	236 DATE	THE NAME OF	CEMETERY OR CREMATORY	SM LOCATION	COUNTY MANY

DHMH - 16 50M 1/B1 (VRA 15, 4)

M. FUNERAL DIRECTOR BURDOCK FUN. HOME

KITZMILLER MD

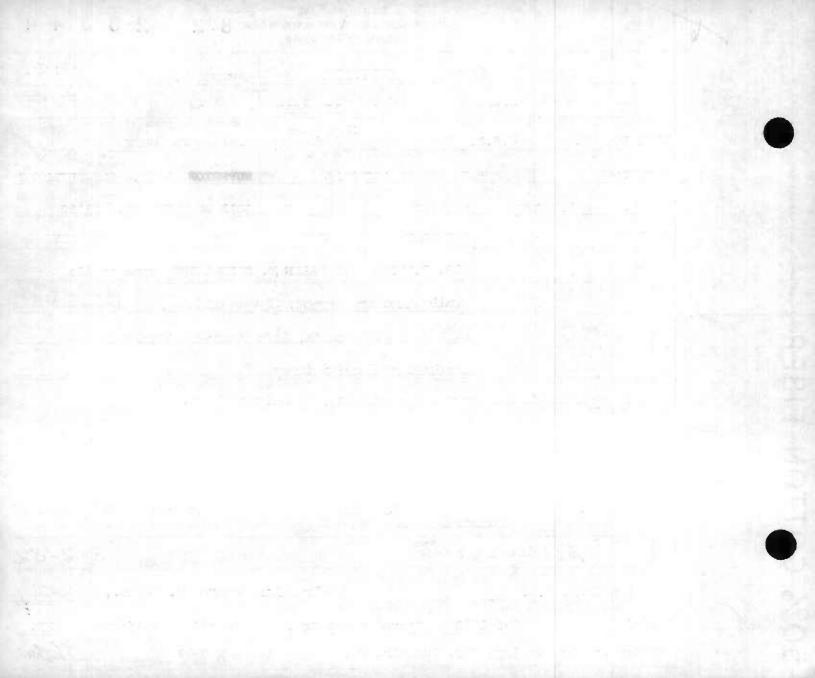
at exact the little of the lit Landinger tends the still strategy and the still strategy ayin mengalihan adal \_x \_ presiden erestilan | .m. Your er affec No. 1 Depart of the Company of the State of

Н		REGISTRAR			CENTIF	ICATE OF L	EAIN	REG. N	0.		
		CEASED NAME FIRST		MIDDLE	12	4		20 DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
	(III)	Euger	ne P	AUL	SPIC	ELMIRE		August 2,	1982		8:35am
	3. SE)	X	4. RACE			OF MINTH		AGE AN HERS LAST BIR	THDAY)	FUNDER I YEAR	
١		MALE	WHITE		6	17	1917	75	YRS	DIVING. DATS	HOURS MIN.
		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D X NEVER	A A PRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
6	,	CIFIC, MO.	U.S.A		WIDOWE		VORCED [	Baltimore	Count	.y	MD.
-	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INS	NOITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
1	RO	SSVILLE		LIN SQUA		SPITAL	SU	PERVISOR,			BUILDING
7	13a S	AL RESIDENCE (IF NURS IG HOMES STATE 13) OU		13c CITY OR TO		1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS			
)		1. 1.00	IMORE	DUNDALK		YES 🗌	NO X	3011 DUNMU	JRRY RI	0. 212	222
	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	E MIDDLE		LAS	ST
(	CH	ARLES	E.	SPIGELM	1IRE	MA:	RY	Model			EKEY
	16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	INT	ADDR	ESS		
	1	YES NO OR UNKNOWN) (IF YES G	THE WAR OR DATES	213,07,	7816A	MAGD	ALEN W.	SPIGELMIRE	same	e as 13	3e
		18 CAUSE OF DEATH (Enter o	inly one couse per	r line for (a), (b), (	and (c).					APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (0)	Cardiop	ulmona	ry Arre	est, Can	cer of Lun	g.		
		4293		RAS A CONSEO	LIENICE OF			C. Carlo			
		n									
	Ha	Conditions, if ony, which gove rise to immediate couse (a), stating the	3 245 70 0			-00.0		Pleural e			
		underlying couse last.	DUE TO, O	RAS A CONSEQ Respira		ncuffic	ioner			1	
		PART 2 OTHER SIGNIFICANT	CONDITIONS					NAL DISEASE OR CON	DITION GIVE	N IN PART 1:	0
	N O	Atherosclerot								i i i i i i i i i i i i i i i i i i i	G.
7	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHIC				20a AUTOPSY?	20b. IF YES,	WERE FINDIN	
	FE		1100					YES TO NOTE	IN CERTIFY YES	ING CAUSES	OF DEATH?
5	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU			
1		OR CONTRIBUTING CAUSE OF DE	A.I.I.	M. MONTH							
	MEDICAL	21d INJURY OCCURRED		OF INJURY	19	211 LOCATIO	NC	-			
	W	WHILE NOT WHILE D	(AT HOME ST	REET, FACTORY OFFIC	E, FARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
		220 I certify that X (this hasp	oital) attended th	ne deceased from	July	22	10 82	to Aug	ust 2	. 82	that X (we) last
		sow the deceased alive a	nAug	ust 2 19	82	nd that in (X)		eath accurred on the d			couses stated
		obove XI (we) (did) (did)	1	after death		DEGREE				22c. DATE	
		NU	lun	, W. a	).	1	ATTENDING	MEDICAL STA		81	2/82
		22d. PHYSICIAN'S NAME (TYPE				22e ADDRES	PHYSICIAN [	DIRECTOR PHYSIC	IAN LA	-1	7
		Nina Okun, M.	n			9000 1	ranklir	Square Dr	Rolt	· M	21237
	23n B	BURIAL CREMATION, REMOVA		72.	NAMEOSO	EMETERY OR		1234 LOCATION	· Dail	, IND	21201
	- (	SPECIFY)  Tial	8-5-1					CITY OR TOWN	D=7.1.5	COUNTY	STATE
	-	UNERAL DIRECTOR	0-0-1	302	acred	Heart (		Dundalk REC'D. BY REGISTRAR	Balti		MD.
		alter Brooks B	radlev.	Inc. Approx	dalk.	MD.	AI	IC - 7 4000	21	11	Harthen
		TICCI DIOONS D.	- darcy /	Tito. Dai	· darit	- 11/-	AL	0 902	Chance	B HARLIN	- Lower

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remare carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Hem 21 is marked or Hem 18 shows any



		1				STAT	E OF MARYLAND					
3		1-	FOR STATE REGISTRAR		DEP		ICATE OF DEATH	HYGIENE	8 2 REG NO	2	0 0	4 5
	7 7 6		CEASED NAME FIRST ADA		MIDDLE		VIRES	2a D	ATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	p b d	3 SE	X	4 RACE		5 DATE O			E (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	(44)		female	whit		12	9 9		6 years			
	(W/2)	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED		BALTIMORE CITY O	_	COUN	TY "
	8		ew York TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N	JRSING HOME	OR OTHER INSTITUTION	V 12g I	JSUAL OCCUPATION	ON	12b KIND O	F BUSINESS OR
6	1 11 170	18	SSEX		THE ACILITY, GIVE	Wrsung	Center		of work for most of Housewi		industry hom	e
AND 212	filled in auld ber	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION		BEFORE ADMISSION)	13d INSIDE CITY LIMIT	TS2 13e S	TREET ADDRESS		r. 212	21
MARYL	ampletely and 2 sh	14 FA	THER S NAME FIRST  Byron	WIDDLE	almad		15 MOTHER'S MAIDE		WIDDLE		Unkn	lown
IMORE,	n and co		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, C)	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO.	Ronald	R. Sq	uires,	1	9 Yawn 2122	eter D
ST., BALT	physicio onpopers emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY IATE CAUSE (a)	r line for loi.	or ond c	moni	0-			BETWEEN C	MATE INTERVAL DINSET AND DEATH
W. PRESTON	hat the death ce by the attendin ase remave carb I, cremation, ar i other traumatic	7	Conditions, if any, which gave rise to immediate couse 10°, stating the underlying couse lost.	(b)		EQUENCE OF						
RDS, 20	requires t en signed r Then ple or to burio y injury, or	NOI	PART 2 OTHER SIGNIFICAN	rioscle	2) of c	cardi	invascul				EN IN PART 110	)
L RECO	sn. permit permit sne prio	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		AUTOPSY?	20b. IF YES	S, WERE FINDING YING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS	IYSICIAN: TI ding physicia s certificate burial-fronsit Mental Hygir or frem 18 sh	1	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		DAY YEAR	21¢ HOW INJURY O	CCURRED (	ENTER NATURE OF INJUR	RY IN ITEM 18, P	ART 1 OR PART 2)	
IVISION	ottendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
	ATTENDIN Uspital or ECTOR: Af d for use o t of Health m 21 is ma		220 1 certify that (I) (this has sow the deceased alive above, (1) (we) (did) (did)				nd that in (my) (our) op	inion death	occurred on the do	ote and hou		that (1) (we) last couses stated
	the hor the hor the hor the hor to he be		22b. SIGNATURE	)ans	50	- Or		NG ME	DICAL STAF	FF CIAN []	22c. DATE	-82
	retoined by TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAME ITYPE	CLOD	1,000	0	22. ADDRESS 2900_	Du	VRAN	RD		21227
200	D € ± 3 ₹	23a E	BURIAL, CREMATION, REMOV	AL 23b. DATE		23c NAME OF C	EMETERY OR CREMAT	ORY 23	d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP	11	Burial	8/4/8	2	Zion I	Luth. Cem				alto,	Md.
	AH - 16 60M 1/75 (VR A 15 (4))	24 F	JNERAL DIRECTOR	ral Hom	7 ADDRE	ss 1 Bela:	ir Rd	AUG	D. 85 1982 AR	216 RECUST	RAR'S DIGHT	hulf

 female
 white
 12 9 95 86 years

 New York
 X

 Housewife
 home

 Md.
 Balto
 19 Yawmeter Dr. 21221

 Byron
 Talmadege
 Etta
 Unknown

 no
 261-02-8290 Ronald R. Squires, Sr. 21220

injury, ar other traumatic event, th

MPORTANT: If Item 21 is marked at them 18 stress after

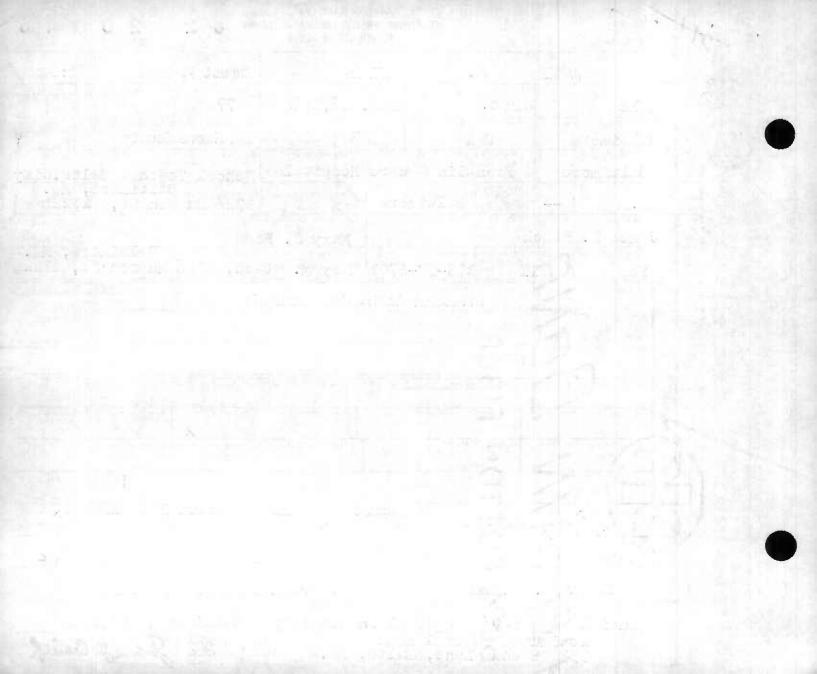
FOR STATE

STATE OF MARYLAND

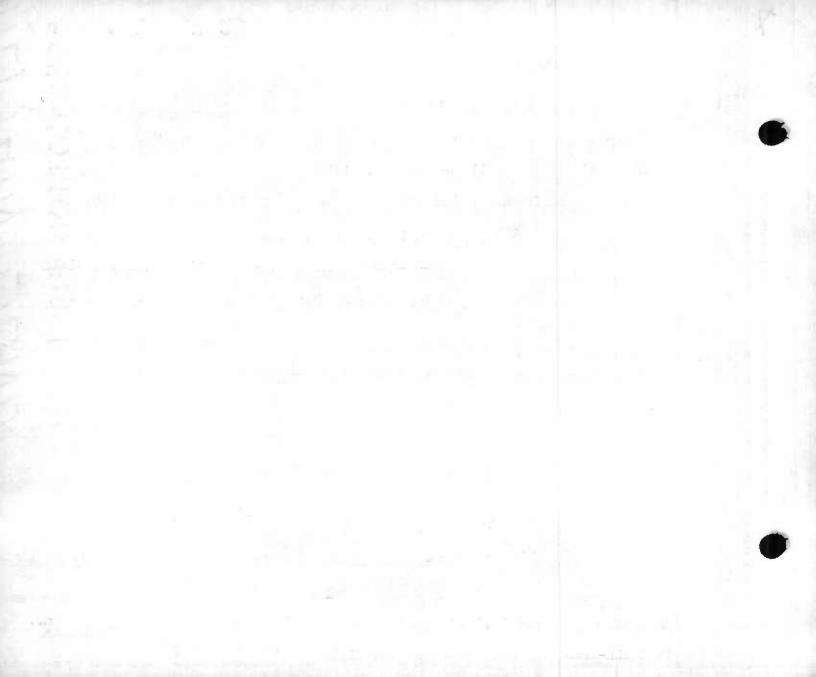
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEMIN	CALL OF DEA		R	EG. NO.					
	1 DE	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DE			DAY	YEAR	2b. HOL	
			JAMES	A		STA	C-H		August	9, 1	982			1:20	)p M
	3 SEX	X		4. RACE		5. DATE O			6. AGE (IN YEARS	LAST BIRTHD	AY)	IF UNDER	DAYS	IF UNDER	24 HRS
	I	Male		Cau c.		Dec	. 26,190	04	77		YRS.	MONTHS	DATS	HOUR5	MIN.
2		RTHPLACE (STAT	E OR FOREIGN	7b. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARI	DIED [	9. BALTIMORE C	CITY OR C		OF DE	ATH		
5	Ì	Baltimo	re	US	A	WIDOWE			Baltimo	re C	ount	y			MD.
1	0. CI	TY OR TOWN OF					R OTHER INSTITUT		12a USUAL OCC				KIND OF	F BUSINE	ESS OR
1		Baltim	and it			Square	Hospita	al	School	_				0.0	lity
1	130 S	AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION	13 CITY OR	TOWN	13d INSIDECITY L	LIMITS?	13e SIREEL ADD					Md.	
2	-	Md.			Balt	imore	- 63		3726 H	ludso	on S	st,	2.	1221	+
1		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		MI	DDLE			LAST		
4		James L			1	/	Mary S	S. Ra	ada						
9		VAS DECEASED E		MED FORCES?		SECURITY NO.	17 INFORMANT	0.1.	-1. 00	ADDRESS	Ba.	Ltir	nore	3,	Ma.
-		Yes	WW.	II	KT3-3	0-4701	Mary M	. Ste	icn, 37	201	duas				
P		18 CAUSE OF D	EATH (Enter or	nly one couse pe	r line for (o), (b	), and (c)	ation Du			11		86	APPROXIA	MATE INTER	DEATH
		PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)   Bilateral Aspiration Pneumonia													
		2010		DUE TO, C	R AS A CONS	EOUENCE OF									
	10	Conditions, if		(b)_					1						
		gave rise to immediate cause (a), stating the underlying cause lost													
		onderlying C	uose 1051	(c)											
	z	PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDIT	ION GIV	EN IN P	ART 140		
6	CERTIFICATION	19a DATE OF OP	ERATION	19h COND	ITION FOR WI	HICH OPERATION	N WAS PERFORME	D	20a AUTOPSY	2 12	nh IE VES	\A/EDE	EINIOIN	IGS USEI	
21	FIC.	PAIL OF OF	LICATION	170 COND	THOIN TOK WI	THE OF ERATION	* WAS FERFORME	.0		11	V CERTIF	YING C		OF DEAT	TH?
2	ERT	21a, ACCIDENT WA	SUNDERLYING F	7 21b. TIME C	DE IN HIRY		21c. HOW INJURY	V OCCUPE			YE		2 - 0 7 2 2	NO [	
1		OR CONTRIBUTING	L.		M. MONTH	DAY YEAR	1211.11011 111.01	OCCORRE	LD (ENIERNATURE	OF INJURY IN	I IIEM IB P	ARTIORE	ART 2)		
/ 1	MEDICAL	(IF EITHER, NOTIFY			M. OF INJURY	19	211 LOCATION				_	-			
1	ME	WHILE NO			REET, FACTORY, OF	FICE FARM, ETC.)	STREET		CIT	Y OR TOWN		cou	YTAI	5	STATE
		AT WORK	I WORK			Augus	+ 0	02	Augu	ic+ 0		00			
	10	sow the dec	censed alive on	August	e deceased fi	om <u>Augus</u>	t 9 , 1 d that in (%) (our	) opinion d	, to _Augu	the date	and hou	rand for	, t	hot X	we) lost
		22b. SIGNATURE		t) view the body	ofter death.		EGREE .	, opinion o		The dole	01101100			SIGNED	ried
		THE SIGNATURE	lou (	2. T.	doma	Mi	ATTE	NDING _	MEDICAL	STAFF		1220	8/6	C	7
7		22d. PHYSICIAN	S NAME (TYPE O	OR PRINTI	2001.00	1/1/1	22e ADDRESS	SICIAN L	DIRECTOR [] F	PHYSICIAN	1 🗍		0/7	14	
				Feldma	in			ankli	n Square	e Dri	ve 2	123	7		
		SURIAL, CREMATI	ON, REMOVAL	23b. DATE	4 .		EMETERY OR CREA		23d LOCATIO			COUNT	v _		STATE
1		Buria		18,/13	/82		n Cemet	ery	Balt	Lmor	e, :	Mar	yla:	nd '	ATE
	24 FL	JNERAL DIRECTO	Schim	ınek Fi	ıneral	HOme		25a. DATE	REC'D. BY REGIS	TRAR 2	PIST	RAN'S S	NAT	RE .	1
			3331	Brehms	Lane,	Balto	, Md.	AUI	0 7 3 190	06	jac	mo	p- 10	me	X

DHMH - 16 50M 1/81 (VRA 15, 4)



X	FOR STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.										
D STEEL STEEL		CEASED NAME POR PRINT)	HYLL	-15	MIDDLE M.	STA	RR	OF DEATH	ESTI- MATED	B /	1/ 1982	2b. HOUR		
ARY, PLE TOWN FIL	-	MALE WHIT	E APR	EL 27,	1915 67	RTHDAY) MONT	DER 1 YR. IF UNDER	MIN. PRONOU DEA	NCED 8	11/87	19 8	2d. HOUR M		
NECESSA WITHIN	rio M	REIGN COUNTRY) ICHIGAN		76. CITIZEN OF WHAT COUNTRY?  USA  WIDOWED TO INTERIOR DIVORCED BALTIMORE COUNTY OF DEATH  WIDOWED TO INTERIOR DIVORCED DIVORCED BALTIMORE COUNTY  MARRIED NEVER MARRIED BALTIMORE COUNTY  M  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS)								MD.		
ELAY IS TO THE THE SE FILED	10. CITY OR TOWN OF DEATH BALTIMORE			NOT IN SUCH FAC	DUNKIRK	RD. 21	212	FOR MOST OF WO	R MOST OF WORKING LIFE)  CLERK			OR INDUSTRY RAILWAY		
F ANY DELA F AND 3 TO 3 SETAIN P 3 SECORDS	130. S	L RESIDENCE (IF IN NURSI TATE 13 MD.	BALTIMO		13c. CITY OR TOWN BALTIMORE		13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   YES   NO 🔯 11 DUNKIRK R			RD. 21212				
1-80802v		THER'S NAME FIRST MILTON	MIDD		MORRELL  166. SOCIAL SECURITY NO.		15. MOTHER'S MAIDE FIRST GERTRUD		ADDRESS	LEI	LAST MPKE			
BALTIMORE RES AFTER DEA B. GIVE PAGES WITH FORM P I PAGES I AN DIVISION OF		NO	F YES, GIVE WAR OR	DATES)	376-26-	1949	JAMES G. STARR 11 DUNKIRK				RD. 21212			
DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSY WARDED TO THE OHEF MEDICAL EXAMINER ALCING WARDED TO THE OHEF MEDICAL EXAMINER ALCING WARDED TO THE OHEF MEDICAL EXAMINER ALCING WARDED TO THE OHEF HEALTH AND MENTAL HYGIENE. IT ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 21201 PRICES TO BURBAL. CREMATION, OR REMOVAL.	NO	18. CAUSE OF DEATH (Enter only ane cause per line to fa), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under-lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?  YES   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							NO (1)			
	MEDICALC	UNDERLYING OF CONTRIBUTING CA 21d. INJURY OCCURRE WHILE NOT WAT WORK AT WO	USE OF DEATH	P,M.		YEAR 9 211. LC	CATION	CITY OR T		. COUNTY		STATE		
DICAL EXAMINER. TE THE CERTIFICATE NERAL DIRECTOR: DEATH, WITH THE S ONE. MARYLAND.		220   certily that I to death resulted fram:  ACTUAL SIGNATURE  EXAMINER'S NAM (TYPE OR PRINT)	Natural cau		Accident ,  ACCIDE	Suicide	sy , Inspection , Hamicide , TITLE (SPECIFY)	Undetermined r  MEDICAL EXA	nanner .	DATE SIGNED	9/11	82		
Bb Arigh	C	URIAL, CREMATION, REASPECIFY) REMATION UNERAL DIRECTOR		12,198			CEMETERY	23d LOCATION CITY OR TOWN BALTIM	ORE	COUNTY	, h	id.		
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	-	TCHELL-WIE	DEFELD 1	ADDRESS HOME 65	00 YORK	RD. 21	21.2 250. DATE	67 51982	73					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ETYPE OF WORK FOR MOST OF WORKING LIFE!

13e STREET ADDRESS

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME FIRST 20. DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS Lillian Mariorie Steele 12 82 8 5 DATE OF BIRTH 4. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR ). SEX 4 RACE MONTH YEAR Female White 12 12 1949 32 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED U.S.A. Baltimore County Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR

IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dundalk 3126 Dunglow Road USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

In WAS DECEASED EVER IN U.S. ARMED FORCES?

13b COUNTY

Baltimore

MIDDLE

FOR

30 STATE

No

CERTIFICATION

Maryland

Perry

Conditions, if any. gave rise to immediate couse (a), stating the

underlying cause lost

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

4 FATHER'S NAME

13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Dundalk

6805 Dunhill Road NO X 15. MOTHER'S MAIDEN NAME

MIDDLE Edmondson

Nat'l Sec. Agency Ft. Meade

Darby Marjorie 16h SOCIAL SECURITY NO. 17 INFORMANT 214-56-3609

ADDRESS 6805 Dunhill Road Lawrence P. Steele, Jr.-Balto. MD

INDUSTRY

18 CAUSE OF DEATH Enter only one couse per line for wy, (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a

DUE TO, OR AS A CONSEQUENCE OF

70n AUTOPSY?

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG PART 2 OTHER SIGNIFICANT CONDITIONS

19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

21e PLACE OF INJURY

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

211. LOCATION

CITY OF TOWN

NO

NO [

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from\_ Allaust nond that in (my) (aur) apinion deoth accurred an the date and have and fram the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Dr. Henry Gerard

274 PHYRICIAN'S NAME I TOPLE HOUSE

23c NAME OF CEMETERY OR CREMATORY

77e ADDRESS

Meadowridge Mem. Park

23d LOCATION

Maryland Cancer Conte

Dorsey, Howard, Maryland

DHMH - 16 50M 1/B1

Burial

776. SIGNATURE

8/16/82

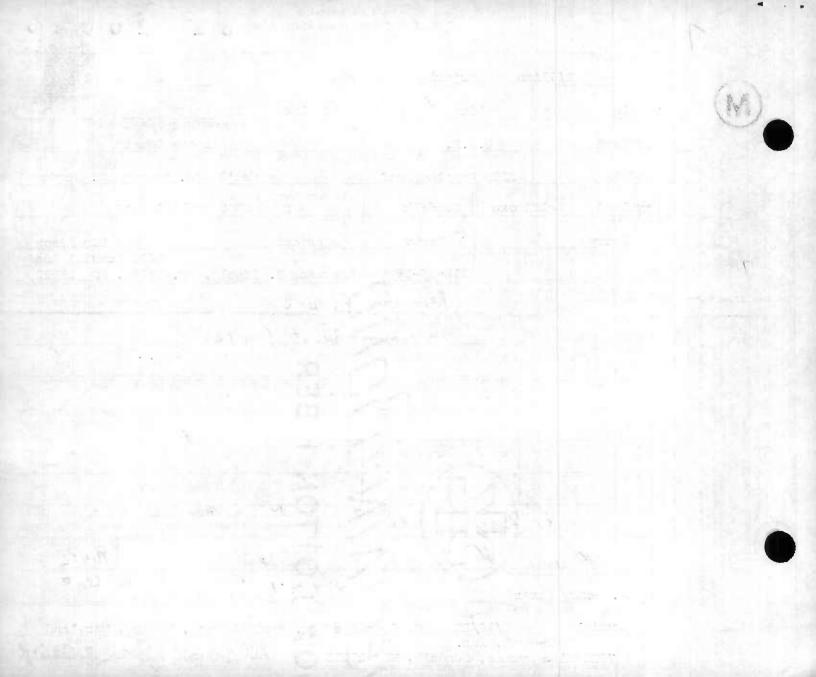
23b. DATE

MPORTANT 230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-STEERE ETHEL. K. DEATH MATED 4 RACE S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED YOUR 90 YRS May 14, 1892 Female White DEAD 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED T BALTIMORE COUNTY DIVORCED Massachusetts 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FILED, IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! TOWSON ST JOSEPH HOSPITAL Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN YES [ NO J Baltimore 7900 Roldrew Avenue Towson Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME EIDST Sarah Hamilton Kilborn George
16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 220-54-9913 T Mr. Gordon G. Power 21 W. Susquehanna Ave 18. CAUSE OF DEATH (Enter only one cause per line for la) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUFTO OF ALA Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSTOUES lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? NO P ARDED TO THE CARE 3 SHOULD BE U YES 🗌 BUR 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR UNDERLYING AMIJU/4261982 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJU (AT HOME II LOCATION NOT WHILE PAGE STATE AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described obove, held on Sweide Undetermined manner death resulted from: Notwork alines TO MEDICAL E
EXECUTE THE OPAGE 4 SHOUL
TO FUNERAL D
AFTER DEATH, A
BAUTHMORE, MA CHARLES O'DONNELL , M.D. ADDRE 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Dulaney Valley Mausoleum Baltimore Entombment
24 FUNERAL DIRECTOR 8/9/82 Maryland BP 250. DATE REC'D. BY REGISTRAR Ruck Towson Funeral Home, Inc. 1050 York Road **DHMH-17** (VR A15 ME (5)) 15M 2/80

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8/9/82

Leonard J Ruck Inc. Baltimore, Maryland

Dulaneu Valleu

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 5/82 STICKLER 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Chessie Sustem 1515 Greenspring Dr Simmons Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MASSIVE ANTERIOR MYOCARDIAL INFRACTION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE .. and that in (my) (our) apinion death accurred on the date and haur and fram the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Towson, Maruland

Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

LIYPE OR PRINTS

REGISTRAR DECEASED NAME

WILLIAM

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FOR STATE REGISTRAR	R			DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	8 4	2 3. NO.	0 0	5 4
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CITY OR TOWN	N OF DEAT	н 1			ING HOME	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIND	OF BUSINESS OR
Randalls			Baltimo		ty Gen	eral Hospital	Sheet Me	tal Wor	ker Goi	ild Co., In
a STATE ML	$D = \begin{bmatrix} 1 \\ 2 \end{bmatrix}$	Baltir	THER INSTITUTION Y NOTE	13c CITY OR TO Rockda	NW	13d. Inside City Limits?	13e STREET ADDRE	<sup>SS</sup> Ellen	Road	
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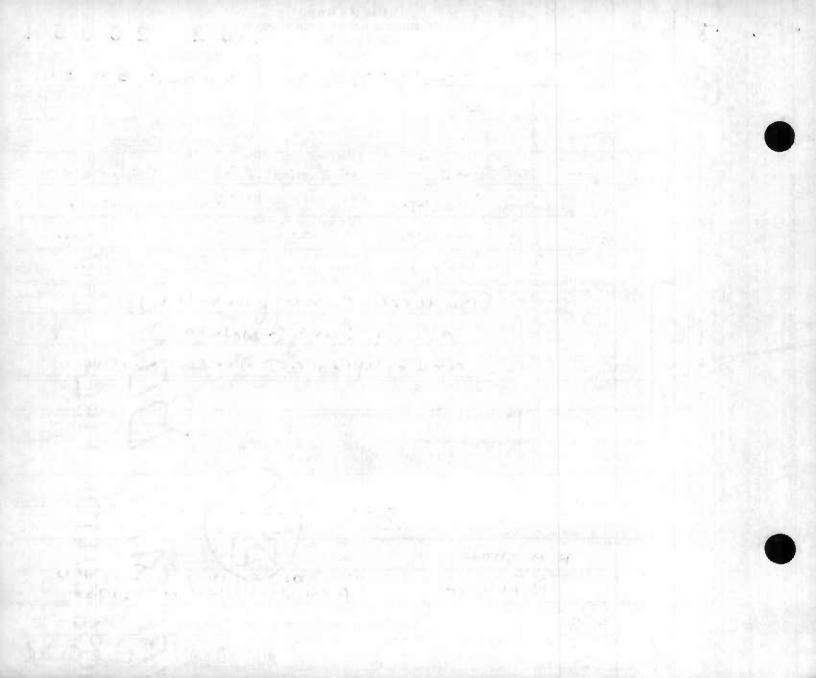
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 sh

8728 Liberty Rd., Randallstown, MD 21133

AUG 26 1982 John & Coming



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

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STATE OF MARYLAND

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) Lillian B STUMP August 20, 1982 1:45p 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR White Female "July 14 1906 BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, Md. USA Baltimore County DIVORCED WIDOWEDYX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDLISTRY Franklin Sq. Hospital Rossville 21237 Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Maryland 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Middle Wiver Holly Drive 21220 NOXPX YES [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST A. Kelley Mildred George Koester 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Langs Rd. Apt ]

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ATION		erebral Vascu	DNTRIBUTING TO DEATH BUT  LAT Accident  ITION FOR WHICH OPERATION	T NOT RELATED TO THE TERMIN		TION GIVEN IN P		1860

Embolectomy IN CERTIFYING CAUSES OF DEATH? 8/17/82 Embolus right leg Removal of YES [ ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY

COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 1982 27a I certify that (X(this hospital) attended the deceased from Alloust. to August 20

sow the deceased alive on August 20 and that in (mx (our) apinion death accurred on the date and hour and from the causes stated obove, (\*(we) (did) (didynar) view the body ofter death

226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR, PRINT) 22e. ADDRESS

9000 Franklin Square Dr. Balto. MD

Eric Bligard, M.D. 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY "Burial Baltimore Cemetery Baltimore. Md. STATE

IN PUBLISHED BECOME 250 DATE REC'D. BY REGISTRAR 256 PESISTRAR'S SIGNATURE Old Eastern Ave AUG 25 Funeral

DHMH - 16 50M 1/81 (VRA 15, 4)

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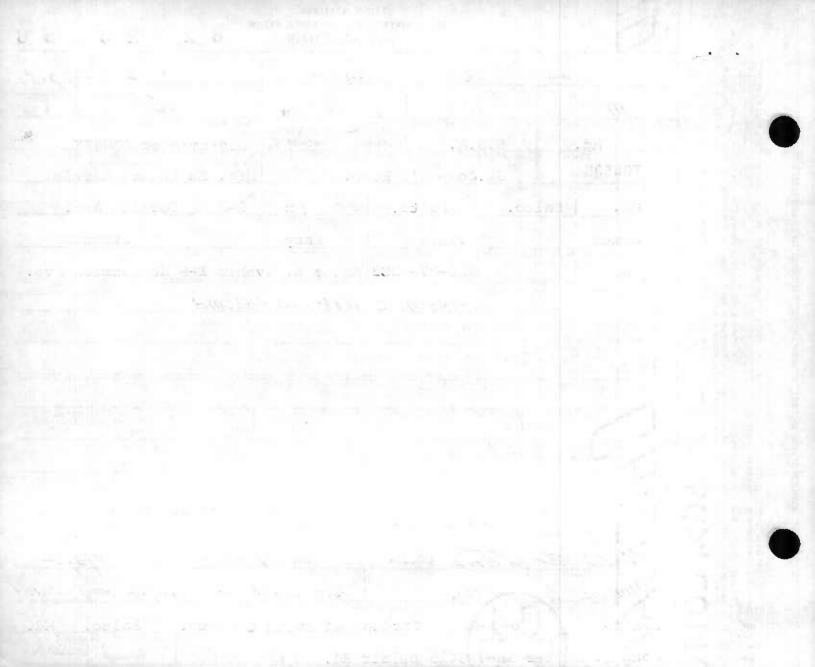
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STATE OF MARYLAND

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10		FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTA CERTIFICATE OF DEATH	Н	8 REGINO.	2 0	05
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		RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76. CITIZEN OF WHA		MARRIED NEVER MARRIE	ED 🗆	RALTIMOE		
and		TOWSON	11. NAME OF HOSE (IF NOT IN SUCH FACE St. JC	PITAL, NURSING CILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION PRESS)  HOSD.		WORK FOR MOST OF WORK	KING LIFE) INDUST	D OF BUSINESS
20	13a.	AL RESIDENCE (IF NURSING HOME CONTATE 13b. COU	ROTHER INSTITUTION GIVE NTY 136.	RESIDENCE BEFORE AD CITY OR TOWN Balto			EET ADDRESS -B Mc COI		ve.
030	14. F/	THER'S NAME FIRST  James	MIDDLE	vehla	15. MOTHER'S MAID FIRST Mary	DEN NAME	WIDDIE		nsky
Pages.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	. SOCIAL SECURIT		. Svehl	ADDRESS	c Cormi	ck Ave
mit. Then please remave carb prior to burial, cremation, ar- any injury, ar ather traumatic	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	A CONSEQUENT		TE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PAR	T Ito
i per		19a. DATE OF OPERATION	19b. CONDITION	V FOR WHICH O	ERATION WAS PERFORMED	20a /	_ INC	IF YES, WERE FIN CERTIFYING CAU YES []	
Mental Hygie Mental Hygie or tem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY	YEAR	OCCURRED (ENT	ER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)
olth and Me marked ar t	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF II (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARA	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ched far us Dept. af He Hem 21 is		220. I certify that (I) (this has saw the deceased alive a obove (I) (did) (did of 22b. SIGNATURE	n <u>AMMST</u> ot) view the body afte	5 198	DEGREE  ATTEND PHYSIC		CAL STAFF	22c. D.	
should be deta with the State I	22	22d. PHYSICIAN'S NAME (TYPE	HATTO	7	7600 0	DSLEK	DR. 100	SON. M	درد (
<u> </u>		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 8-9-82		ME OF CEMETERY OR CREMA		COCATION CITY OR TOWN Balto.	Balto	state Md
5 50M 4/B2 15, 4)		UNERALDIRECTOR John C. Mille	er Inc. 6	5415 Be			BY REGISTRAR 151	alug	Court



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR Garner Meredith Sweet August 28. 1982 6:15 PM 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 1. 5EX Male White N8V. 1 1901 YEAR 80 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA TEXAS Baltimore County O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Security Middle River 21220 6902 Gunder Rd. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Gunder Rd. Middle River 21220 Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST Marcellite Thorne Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 218 10 6807 June M. Lucas, Daughter Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUDDEN DEATH

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> but	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 110
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \sigma \text{NO} \square \text{NO} \square
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
21d INJURY OCCURRED  NOT WHILE  T WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
220.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did not) vi	attended the deceased from	2 4	on death accurred an the d	, 19, that (I) (we) larate and hour and from the causes stated
The STONATURE	An un	DEGREE	S MEDICAL STA	224. DATE SIGNED  8-129/6-2

22e. ADDRESS

DHARH - 16 50W 1781 (VRA 15, 41

Cremation

8/30/82

100 N. BROADWAS.

BALTE MY 2123

Green Mount Crematory Baltimore, Md. COUNTY

250 DATE REC'D. BY REGISTRAR 251-11-0 Home PA 1407 Old Eastern Ave. AUS 30 1982

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 23 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFET Housewife 3106 Whiteway Road Golendowski 2303DEOdge Forest Drive Balto., MD. 21219 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated 22c. DATE SIGNED EASTERN ATE. BALLMONE, Md.

DHMH - 16 50M 1/81

24 FUNERAL DIRECTOR Duda-Ruck, Inc. (VRA 15, 4)

8/26/1982 Sacred Ht.Of Mary

Dundalk Baltimore

7922 Wise Avenue, Dundalk, MD 21222

